PETER BENT BRIGHAM HOSPITAL ∴ BOSTON

FIFTH
ANNUAL REPORT

FOR THE YEAR 1918

CAMBRIDGE
THE UNIVERSITY PRESS
1919

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of dollars, the same to be used for the furtherance of its charitable work.

22503068382

FIFTH ANNUAL REPORT

OF THE

PETER BENT BRIGHAM HOSPITAL

FOR THE YEAR
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President's Report

Abnormal conditions continued during the period covered by this report, the armistice coming too late in the year to cause any appreciable change, although it did save the Corporation the loss temporarily of its Chief Physician and allowed us to recover two of the Administrative Staff who had just entered upon their military service.

Continued leaves of absence and the granting of many additional ones during the year caused a suspension of part of the service in the Out-Patient Department and a lessening of activities in other directions, but on the whole the general work of the hospital was well and fully maintained, the average number of patients in the general and private wards being scarcely less than in previous years. This called for much added work and devotion of time on the part of those who remained, for which all praise and gratitude are due; and especially was this true in the case of the Acting Surgeon, Dr. David Cheever.

Early in the year an appropriation of three thousand dollars was made in behalf of the hospital from the Permanent Charity Fund, which was used to great advantage in extending and making more systematic Social Service work in connection with the Out-Patient Department.

Subscriptions aggregating one hundred thousand dollars to the various Liberty Loans were made in the course of the year, it being thought that such aid should be given the Government even by a charitable organization so far as possible.

Arrangements for receiving soldiers and sailors in large numbers had been made as stated in the last report, and in the early spring quite a number of marines were admitted during repairs on the Chelsea Marine Hospital, but with this exception few calls were made in this direction.

The epidemic of influenza during the autumn brought many patients, not only from outside but among the nurses and employees of the hospital itself, rather straining for the time being the depleted resources of the institution, but the situation was well handled and called forth a letter of commendation from his Honor Mayor Peters.

At the urgent request of Dr. Christian the hiring of an expert Chemical Technician was authorized and an appropriation made to cover his salary.

Work of the various departments in detail will be found in the reports which follow.

WALTER HUNNEWELL,
President pro tem.

Boston, Dec. 31, 1918.

Gifts to the Hospital During Year 1918

Nellie Robinson, 579 Dudley Street, Boston	$2.00
Malcolm A. Sanford, Canton, Mass.	3.00
Harriet L. Mulry, Methuen, Mass.	2.00
Jesse Kosland, 501 Summer Street, Boston	25.00
Mrs. Wm. P. Fowler, 1 Plymouth Street, Roxbury	8.00
Julius Stucklin, 68 Warren Street, Roxbury	5.63
Marion B. Cutts, Brookline	5.00
H. R. Snow, 176 Warren Street, Newton	3.00
Roscoe A. Weston, 197 Main Street, Nashua, N. H.	15.00
Catherine B. Tully, 20½ St. James Street, Roxbury	2.00
Mrs. Catherine Haley, Mystic, Conn.	2.00
Edith A. Abbott, 130 Claremont Avenue, N. Y.	10.00
Richard McClure, 8 Highland Park Avenue, Roxbury	4.50
Mrs. J. Jacobs, 22 Parker Hill Avenue, Roxbury	1.00
Leslie Page, Northampton, N. H.	1.00
Anonymous patient	1.00
Mrs. L. B. Hayes, 13 Warren Place, Roxbury	1.00
Ernest Jacoby, 35 Allerton Street, Brookline	6.00
Michael Duffy, 223 Boyston Street, Brookline	1.00
Ernest A. Brown, Framingham, Mass.	2.00
Myron H. Nelson, Haverhill, Mass.	2.00
Fred A. Such, Jamaica Plain, Mass.	2.00
Mrs. E. McCormick, 691 Parker Street, Roxbury	5.00
Percival W. Clement, 127 W 43d Street, New York, gift to the training school	50.00
Mrs. Norton Wigglesworth and others for a free bed for two years in honor of Mrs. James Lawrence, Jr.	734.00
Permanent Charity Fund, Boston Safe Deposit & Trust Co., Trustee, to be used for general purposes of the Social Service Department	3000.00

Report of the Treasurer

A statement of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1918, is as follows:

Income

Real Estate Receipts:		
Rents	$176,537.05	
Taxes paid by tenants	17,578.76	
Insurance paid by tenants	542.00	$194,657.81
Interest on Investments:		
On bonds	$47,134.91	
On mortgages	7,163.60	
On notes	1,670.83	
	$55,969.34	
Dividends	23,274.46	79,243.80
Bank interest		936.10
Total income		$274,837.71

Expenditures

Taxes	$58,289.40	
Building repairs, etc.	8,629.16	
Insurance	6,386.07	
Salaries	7,800.00	
Legal expenses	600.00	
Audit	450.00	
Safe deposit box	70.00	
Appraising securities	25.00	
Commission to brokers on leases	604.00	
Interest on loans	655.34	
Revenue stamps on notes	5.00	
Total expenditure	$83,513.97	
Bond premiums amortized	610.59	
		$84,124.56

Net investment income available for operating expenses		$190,713.15
Net payments for operating expenses, as shown by Superintendent's statement appended	$192,559.66	
Plus decrease in Superintendent's supplies	333.10	192,892.76
Balance transferred to and deducted from reserved income		$2,179.61
Balance reserved income, January 1, 1918		19,956.20
Balance reserved income, December 31, 1918		$17,776.59

Schedule of Property

Land and buildings occupied for hospital, including furniture and fixtures	$1,801,835.87
Mortgages	167,196.16
Notes:	
Boston & Maine R. R. Co. — overdue . .	8,000.00
Ayer Mills, 5%, Construction and Equipment notes, due March 1, 1920	10,000.00
Edison Electric Illuminating Co., 5 year, 5%, due February 1, 1922	10,000.00
Land and buildings:	
63 Blackstone Street	59,437.53
166–210 Portland Street	774,191.79
Land corner Albany and Dover Streets . .	110,221.90
5–11 Tremont Row	493,352.48
224–230 Congress Street	100,493.77
108–114 Lincoln Street	159,618.76
223–225 Washington Street	220,000.00
91–95 Portland Street	75,957.25
67–69 Commercial Street	73,999.76
1–3 Bowdoin Street	54,569.50
148–150 Hanover Street	60,787.78
Amount carried forward	$4,179,662.55

Amount brought forward	$4,179,662.55
1–7 Sudbury Street	69,994.95
88–92 Court Street	171,420.71
94–98 Arch Street and 13–17 Otis Street	168,318.16
1000 Shares Fitchburg R. R. Co., preferred . .	142,000.00
100 Shares Boston & Albany R. R. Co. . . .	25,800.00
524 Shares Vermont & Mass. R. R. Co. . . .	91,700.00
450 Shares Old Colony R. R. Co.	93,150.00
183 Shares Nashua, Acton & Boston R. R. Co.	183.00
300 Shares State Street Exchange	25,960.00
400 Shares Boston Wharf Company	37,585.25
50 Shares Boston Real Estate Trust	58,514.25
30 Shares Constitution Wharf Trust	3,330.00
150 Shares Hotel Trust (Touraine)	15,900.00
100 Shares South Terminal Trust	10,300.00
15 Shares National Union Bank	2,700.00
100 Shares Newport & Fall River St. Ry. Co. .	13,278.33
1000 Shares Berkeley Hotel Trust	65,000.00
300 Shares New York Central & Hudson River R. R. Co.	30,189.50
100 Shares Chicago, Milwaukee & St. Paul R. R. Co.	14,760.70
220 Shares Pennsylvania R. R. Co.	11,731.88
1500 Shares New York, New Haven & Hartford R. R. Co.	225,545.33
$150,000 American Telephone & Telegraph Co., 4% bonds, 1929	139,887.50
25,000 Quincy Market Realty Company, 5% bonds, 1964	25,000.00
60,000 Portland & Ogdensburg R. R. Co., 4½% bonds, 1928	60,805.81
5,000 Kansas City & Memphis Ry. & Bridge Co., 5% bonds, 1929	5,081.17
100,000 Chicago, Burlington & Quincy R. R., Ill. Div., 3½% bonds, 1949	89,077.50
20,000 Washington Water Power Co., 5% bonds, 1939	20,341.67
50,000 Boston & Maine R. R. Co., 4½% bonds, 1929	51,484.11
50,000 Burlington, Cedar Rapids & Northern R. R., 5% bonds, 1934	54,134.07
Amount carried forward	$5,902,836.44

	Amount brought forward	$5,902,836.44
25,000	Baltimore & Ohio R. R., So. Western Div., 3½% bonds, 1925	22,125.00
25,000	New York Central & Hudson River R. R. Co., Debenture, 4% bonds, 1934 .	23,937.50
50,000	Cleveland, Lorain & Wheeling R. R. Co., 5% bonds, 1933	53,719.03
25,000	N. Y. Central & Hudson River R. R. Co., 1st mortgage 3½% bonds, 1997	21,875.00
25,000	Northern Pacific R. R. Co., Prior Lien 4% bonds, 1997	24,781.25
25,000	New York City, 4% bonds, 1956 . .	24,718.75
50,000	Old Colony Street Railway Co., 4% bonds, 1954	43,250.00
75,000	Chicago & North Western Railway Co., Extension 4% bonds, 1926 . .	72,750.00
28,000	General Electric Co., 3½% bonds, 1942	23,170.00
3,000	Pennsylvania R. R. Co., 4% bonds, 1948	2,880.00
50,000	Atchison, Topeka & Santa Fé R. R. Co., Transcontinental Short Line 4% bonds, 1958	47,500.00
50,000	Illinois Steel Co., 4½% bonds, 1940	47,375.00
50,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1920	49,725.00
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1924	14,893.50
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1925	14,886.00
5,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1926	4,960.00
15,000	Boston & Albany R. R. Co., Equipment, 4½% bonds, 1927	14,875.50
50,000	Interborough Rapid Transit Co., 5% bonds, 1966	49,500.00
50,000	Kansas City Stock Yards Co., 5% bonds, 1920	50,000.00
25,000	Long Island R. R. Co., Gold Debenture bonds, 1934	24,000.00
	Amount carried forward	$6,533,757.97

Amount brought forward			$6,533,757.97
56,800 Pere Marquette Ry. Co., 5% First Mortgage bonds, 1956			49,420.00
50,000 Liberty Loan, 4¼% bonds, 1928			50,000.00
50,000 Liberty Loan, 4¼% bonds, 1938			50,000.00
Cash:			
Operating Expense Fund		$20,000.00	
Cash in Banks		24,340.11	44,340.11
Superintendent's Inventories			38,816.36
			$6,766,334.44
Less Notes payable			120,000.00
			$6,646,334.44
Included in the above Schedule of Property are the following special funds:			
Choate Fund	$5,075.66		
Less amount expended	3,072.90	$2,002.76	
Permanent Charity Fund — Boston Safe Deposit & Trust Co., Trustee	3,000.00		
Less amount expended	2,066.03	933.97	
John P. Reynolds Memorial Fund		1,000.00	
Hemenway Squash Court		11,050.00	
Donation for free bed in honor of Mrs. James Lawrence, Jr.		734.00	15,720.73
			$6,630,613.71

Viz.:

Peter Bent Brigham Hospital Account	$6,612,837.12
Reserved Income Account	17,776.59
	$6,630,613.71

EDMUND D. CODMAN,
Treasurer.

Report of the Superintendent

This is the fifth annual report of the Peter Bent Brigham Hospital and covers the work for the year 1918. During the year there have been admitted into the wards of the hospital 4025 patients, and there have been 7952 new patients treated in the Out-Door Department. The Asthma Clinic has had 252 new patients. Therefore, 12,229 more people have directly received the benefit of the treatment of this hospital during the year. In addition to this, the X-Ray Department made 3406 examinations. There have been 3345 examinations in the serological laboratory. There have been 1081 ambulance calls.

The total operating expenses for the year have been $320,547.28. Receipts from patients have amounted to $154,026.47. The corresponding figures for the year 1917 were: Operating expenses, $323,777.72; receipts from patients, $138,512.48.

It is perhaps right to call attention to the fact that with this large increase in income collected at the hospital the free cases have also increased during the year by 204, but the part-pay cases have decreased by 352, while those paying full amount have increased by 498.

It has been a busy year, and because of the war we were handicapped in many ways. Thirty physicians or surgeons left us during the war to join the army. Others, of course, joined just after their terms of service here expired. The hospital has been exceedingly short of male help, notably ward tenders. Where we had sixteen before the war there were times during this year when we were reduced to two. The work that the ward tenders ordinarily did has been performed largely by nurses. It was a rare thing before the war to see a bed with a patient in it being pushed to the X-Ray Department by a nurse; now it is an ordinary occurrence — in fact, it is rare to see a ward tender pushing one. The nurses have done without complaining all this class of work which they were not usually called upon to do. They seemed glad to do it and to understand that this was their chance to do their part to help win the war.

Fortunately, we have not been short of pupil nurses. You will see by the report of the Superintendent of Nurses that we increased the number of our pupil nurses so that we would be ready, in case of a prolonged war, to part with more and more graduates and still be able to care for our own sick.

I never had occasion to feel so grateful to heads of departments as during the past year — for the extra hours they gave and overwork that they did to make their departments come through in respectable shape.

Now that the armistice is signed and the year's work is completed, we must prepare to resume all our activities. We have come through the war without encroaching upon our capital for running expenses. I would call attention to the fact that sufficient funds were left from the money appropriated for building to install apparatus for mechanotherapy and hydrotherapy, and it would seem to me a good time to take active steps for beginning this work during the next year.

More funds will be needed for new buildings. The Nurses' Home should have an addition; the House-Officers' quarters are crowded. A new private ward would help bring in funds for running expenses, and would have a tendency to hold a large active staff together. Continued care must be taken that waste does not occur. All legitimate economies should be enforced.

Care should be taken not to duplicate work. An additional clerk means an appreciable addition to our expenses.

It is rather gratifying that donations have begun to come to the hospital. I would respectfully call attention to the list in the Treasurer's Report of donations made during the past year, and to the statistics contained in the reports of the different members of the Executive Committee of the Staff, the Superintendent of Nurses, and the board of Social Service.

To me it is a gratifying history of the year, which bids fair to be the last annual report of a general hospital that I will have part in compiling. I wish to thank every one who has helped bring this year to so successful a close.

I do not forget the valuable aid which the Nurses' Aids gave us during the time the sailors were with us, and also during the influenza epidemic.

I wish to thank the clergymen and all visitors who have so kindly looked after our patients during the year.

HERBERT B. HOWARD,
Superintendent.

Table I

Comparative Table of Statistics

HOSPITAL WARDS AND SINGLE ROOMS

	1918	1917
Patients in hospital first of year:		
Medical	73	75
Surgical	87	92
Total	160	167
Patients admitted during the year:		
Medical	2,373	1,878
Surgical	1,652	1,796
Total	4,025	3,674
Patients treated in hospital wards and private rooms during the year:		
Medical	2,446	1,953
Surgical	1,739	1,888
Total	4,185	3,841
Patients discharged during the year:		
Well	1,684	1,346
Improved	1,530	1,550
Unimproved	176	303
Untreated	261	257
Died	372	225
Total	4,023	3,681

	1918	1917
Patients in hospital end of year:		
Medical	83	73
Surgical	79	87
Total	162	160
Total patients day's treatment:		
Paying patients	41,553	32,108
Part paying patients	6,923	15,037
Free patients	18,193	17,984
Total	66,669	65,129
Percentage:	**1918**	**1917**
Paying patients	62+	49+
Part paying patients	10+	23+
Free patients	27+	28−
Total	100	100
Average patients per day:		
Paying patients	114−	88−
Part paying patients	19−	41+
Free patients	50−	49+
Total	183−	178+
Average time per patient in hospital	17− days	18− days
Daily average cost per patient	$4.81−	$4.93+
Daily cost per capita for provisions for all persons supported	.44−	.40−
Patients were admitted as follows:		
Paying regular rate or more	2,678	2,180
Paying less than regular rate	247	598
Free	1,100	896
Total	4,025	3,674

OUT-DOOR DEPARTMENT

	1918	1917
Number of cases treated (new cases)	7,952	10,995
Medical	3,812	5,257
Surgical	3,574	4,530
Ear	75	243
Throat	217	578
Eye	78	201
Prenatal	43	46
Urological	153	140
Number of visits	45,153	53,405
Medical	17,569	21,940
Surgical	23,321	26,032
Ear	521	743
Throat	435	1,551
Eye	204	517
Prenatal	143	116
Urological	2,960	2,506
Patients arrived:		
A. M. 8–10	12,846	16,618
10–12	11,819	15,922
P. M. 12– 2	6,490	6,902
2– 3	6,473	6,099
3– 4	3,835	4,089
4– 6	3,690	3,775
Total	45,153	53,405
Cost of maintenance of Out-Door Department	$18,989.10	$19,140.56
Daily average cost per patient	.43–	.36–

AMBULANCE

Ambulance calls during the year	1,081	727
Average calls per day	2.96+	1.99+
Mileage for patients	6,267	4,387
Other business	1,580	962
Total mileage	7,847	5,349

X-Ray

	1918	1917	1918	1917
	No. of Patients		No. of Plates	
January	329	519	737	1,036
February	318	494	637	815
March	262	506	532	1,033
April	271	442	570	737
May	313	422	616	696
June	226	335	445	523
July	257	360	558	626
August	270	347	648	640
September	223	308	481	640
October	345	301	545	708
November	288	300	547	697
December	304	274	678	597
Total	3,406	4,608	6,994	8,748

Table II

Residences

	1918	1917
Alabama	2	2
Arkansas	1	..
California	10	1
Colorado	6	1
Connecticut	17	7
District of Columbia	2	1
Florida	4	2
Georgia	2	4
Indiana	1	..
Illinois	4	3
Iowa	3	1
Kansas	6	..
Kentucky	1	..
Louisiana	3	..
Maine	55	54
Maryland	2	..
Massachusetts (except Boston)	1,137	1,090
Boston	2,533	2,286
Michigan	2	6
Minnesota	5	1
Mississippi	2	..
Missouri	7	4
Montana	2	..
Nebraska	2	2
New Hampshire	41	52
New Jersey	8	7
New York	33	49
North Carolina	6	2
North Dakota	2	..
Ohio	5	8
Oklahoma	5	1
Oregon	2	1
Carried forward	3,911	3,585

	1918	1917
Brought forward	3,911	3,585
Pennsylvania	17	10
Rhode Island	14	25
South Carolina	2	..
South Dakota	2	..
Tennessee	2	2
Texas	13	2
Utah	1	..
Vermont	15	14
Virginia	1	..
Washington	8	1
West Virginia	..	1
Wisconsin	6	7
Canada	33	25
China	..	1
Holland	..	1
Total	4,025	3,674

Table III

Birthplaces

	1918	1917
Alabama	6	3
Arizona	3	1
Arkansas	5	..
California	13	7
Colorado	7	..
Connecticut	43	35
District of Columbia	3	3
Florida	10	1
Georgia	12	6
Illinois	30	19
Indiana	4	5
Iowa	12	4
Kansas	15	1
Kentucky	5	7
Louisiana	7	2
Maine	198	223
Maryland	9	10
Massachusetts (except Boston)	1,039	999
Boston	474	319
Michigan	15	16
Minnesota	9	13
Missouri	20	7
Mississippi	5	2
Montana	1	..
Nebraska	4	2
Nevada	1	..
New Hampshire	146	83
New Jersey	12	17
New Mexico	1	..
New Orleans	1	..
New York	157	139
North Carolina	8	11
Carried forward	2,275	1,935

	1918	1917
Brought forward	2,275	1,935
North Dakota	5	1
Ohio	20	22
Oklahoma	5	3
Oregon	3	1
Pennsylvania	59	43
Rhode Island	19	36
South Carolina	7	3
South Dakota	1	..
Tennessee	6	2
Texas	12	4
Utah	2	..
Vermont	64	54
Virginia	19	35
Washington	4	..
West Virginia	..	2
Wisconsin	10	12
Total Americans	2,511	2,153
Africa	1	1
Armenia	15	..
Asia Minor	1	2
Austria	14	33
Belgium	4	5
Canada	338	361
China	9	2
Cuba	..	2
Denmark	4	8
England	108	154
Finland	3	..
France	3	4
Germany	51	48
Greece	59	67
Holland	9	7
Hungary	4	2
India	4	1
Ireland	258	271
Carried forward	885	968

	1918	1917
Brought forward	885	968
Italy	106	90
Japan	2	1
Mexico	5	..
Norway	7	7
Panama	1	..
Portugal	6	5
Roumania	3	1
Russia	367	309
Scotland	40	47
South America	4	..
Spain	3	1
Sweden	40	40
Switzerland	7	13
Turkey	22	31
Wales	10	5
West Indies	6	3
Total foreigners	1,514	1,521

Table IV

Occupations

MALES	1918	1917
Accountants	10	1
Actors	3	2
Agents	9	15
Artists	3	1
Automobile repairers	2	..
Bakers	12	4
Bankers	2	4
Barbers	7	11
Bartenders	14	6
Blacksmiths	4	10
Boiler makers	6	1
Bookbinders	1	..
Bookkeepers	10	7
Bootblacks	1	2
Box makers	3	6
Bricklayers	..	8
Brokers	3	4
Butchers	7	6
Butlers	..	2
Cabinet makers	2	4
Carpenters	32	48
Cashiers	1	1
Chauffeurs	52	33
Chemists	6	..
Cigar dealers	1	..
Cigar makers	14	16
Civil engineers	4	1
Cleaners	3	1
Clergymen	13	10
Clerks	69	104
Confectioners	11	7
Cooks	24	33
Coopers	..	1
Carried forward	329	349

MALES	1918	1917
Brought forward	329	349
Dentists	1	4
Detectives	1	1
Draughtsmen	..	3
Drivers	52	69
Druggists	11	8
Editors	9	1
Electric engineers	2	..
Electricians	21	19
Elevator men	16	..
Engineers	27	27
Expressmen	7	..
Engravers	6	..
Farmers	22	36
Firemen	39	21
Fishermen	..	4
Florists	3	2
Foremen	15	10
Fruit dealers	..	2
Furniture dealers	7	1
Furniture movers	5	3
Furriers	1	2
Garage men	6	..
Gardeners	7	7
Gas fitters	1	..
Grocers	7	8
Hardware dealers	6	2
Harness makers	..	1
Hotel proprietors	2	1
Housemen	5	9
Icemen	2	6
Inspectors	9	15
Insurance agents	9	6
Janitors	12	13
Jewelers	3	4
Junk dealers	8	11
Laboratory employees	4	2
Laborers	130	97
Laundrymen	5	7
Carried forward	790	751

MALES	1918	1917
Brought forward	790	751
Lawyers	8	12
Leather workers	4	6
Letter carriers	..	3
Liquor dealers	1	1
Longshoremen	3	4
Lumbermen	..	2
Machinists	70	51
Managers	20	18
Manufacturers	19	24
Marketmen	1	2
Masons	5	1
Meat cutters	4	13
Mechanical engineers	1	1
Mechanics	11	..
Merchants	18	30
Messengers	3	11
Metal workers	..	14
Milk dealers	1	..
Mill hands	22	12
Miners	1	1
Minors	5	17
Musicians	3	11
Music teachers	2	..
No occupation	37	59
Nurses	..	1
Orderlies	7	5
Painters and paper-hangers	27	40
Peddlers	3	13
Physicians	46	30
Piano makers	..	3
Plasterers	2	5
Plumbers	19	10
Police officers	7	5
Porters	3	16
Printers	14	22
Professors	3	..
Rabbis	1	2
Radio-operators	2	..
Carried forward	1,163	1,196

MALES	1918	1917
Brought forward	1,163	1,196
Railroad employees	15	21
Real estate dealers	9	5
Restaurant keepers	5	6
Retired	16	33
Roofers	2	3
Rubber workers	2	7
Salesmen	91	121
Seamen	228	10
Secretaries	2	2
Sheet metal workers	20	..
Ship builders	17	..
Shippers	10	19
Shoemakers	31	21
Shoe shop employees	17	32
Social workers	..	..
Soldiers	10	14
Stablemen	14	..
Stationary engineers	4	5
Stenographers	2	..
Stewards	4	..
Stone cutters	3	1
Storekeepers	5	..
Street railway employees	19	19
Students	183	134
Superintendents	10	8
Tailors	38	37
Teachers	5	6
Teamsters	..	..
Telegraph operators	4	1
Telephone operators	6	..
Tinsmiths	3	3
Treasurers	..	4
Trustees	..	..
Undertakers	2	1
Waiters	16	24
Watchmakers	2	2
Watchmen	8	4
Wireless operators	..	1
Others	210	194
Total males	2,176	1,934

FEMALES	1918	1917
Actresses	7	6
Artists	..	2
Bookbinders	3	1
Bookkeepers	19	21
Candy makers	2	1
Cashiers	6	6
Cleaners	..	1
Clerks	51	33
Cooks	13	26
Dietitians	2	1
Domestics	159	155
Dressmakers	20	14
Governesses	1	1
Home	789	283
Housewives	162	717
Laundry maids	10	11
Lodging house	6	6
Manicurist	..	1
Matrons	1	3
Merchants	..	1
Mill operatives	11	12
Milliners	5	6
Minors	4	13
Missionaries	..	1
Musicians	..	1
Music teachers	3	1
No occupations	43	62
Nurses	199	72
Physicians	..	8
Saleswomen	20	22
Seamstresses	10	14
Secretaries	4	8
Shoe shop employees	8	11
Social workers	2	4
Soda fountain employees	..	1
Stenographers	41	14
Students	93	75
Tailoresses	2	..
Carried forward	1,696	1,615

FEMALES	1918	1917
Brought forward	1,696	1,615
Teachers	23	22
Telephone operators	..	15
Typists	..	1
Waitresses	26	28
Others	104	59
Total females	1,849	1,740

Table V

Expense and Revenue Statement

Administration Expenses

	1918		1917	
Salaries, officers and clerks	$21,751.32		$21,345.38	
Office expenses	36.39		78.01	
Stationery, printing and postage	4,447.27		4,585.73	
Telephone and telegraph	3,688.04		3,475.05	
Liability insurance	1,280.07		1,014.71	
Miscellaneous	567.66		1,199.69	
Total administration expenses		$31,770.75		$31,698.57

Professional Care of Patients

Salaries and wages:				
Physicians and surgeons	$15,253.59		$18,014.64	
Supt. of nurses and assistants	4,740.16		4,596.20	
Nurses	7,925.87		7,375.42	
Special nurses	5,026.71		12,702.00	
Orderlies	4,068.71		4,673.59	
Druggists	3,014.03		2,404.12	
Ward employees	5,736.48		5,272.34	
Record clerks	7,447.27		6,073.22	
		$53,212.82		$61,111.53
Training school:				
Salaries of instructors	$2,830.33		$2,289.42	
Supplies	2,889.55		3,858.90	
		5,719.88		6,148.32
Medical and surgical supplies:				
Apparatus and instruments	$1,262.24		$1,744.01	
Medical and surgical supplies	18,781.32		14,460.11	
Alcohol	1,226.81		1,098.22	
Liquors and wines	36.51		31.89	
		21,306.88		17,334.23
Out-Door Department:				
Wages	$5,593.27		$5,498.55	
Supplies	5,338.17		5,269.73	
		10,931.44		10,768.28
Carried forward		$91,171.02		$95,362.36

	1918		1917	
Brought forward		$91,171.02		$95,362.36
Photography and X-ray:				
Salaries and labor	$3,806.49		$4,625.29	
Supplies	5,048.76		7,500.29	
		8,855.25		12,125.58
Library		831.92		820.43
Total professional care of patients		$100,858.19		$108,308.37

Department Expenses

	1918		1917	
Ambulance:				
Labor	$2,133.32		$1,858.89	
Supplies	920.25		1,733.77	
		$3,053.57		$3,592.66
Laboratories:				
Labor	$8,767.58		$9,395.17	
Supplies	3,411.01		3,455.68	
		12,178.59		12,850.85
Housekeeping:				
Labor	$20,610.20		$18,235.12	
Supplies	9,027.36		11,907.10	
		29,637.56		30,142.22
Kitchen:				
Labor	$8,318.48		$7,882.16	
Supplies	598.86		579.41	
		8,917.34		8,461.57
Laundry:				
Labor	$5,299.19		$5,062.62	
Supplies	2,965.06		1,554.74	
		8,264.25		6,617.36
Steward's department:				
Labor	$2,134.96		$1,870.01	
Provisions:				
Bread	3,592.55		3,052.48	
Milk and cream	16,470.81		12,681.36	
Groceries	9,546.60		9,532.67	
Butter and eggs	12,689.94		10,960.87	
Fruit and vegetables	7,816.47		8,461.25	
Meat, poultry, and fish	22,033.48		20,204.43	
		74,284.81		66,763.07
Total department expenses		$136,336.12		$128,427.73

GENERAL HOUSE AND PROPERTY EXPENSES

	1918		1917	
Electrical Department	$2,710.93		$2,863.74	
Heat, light, and power	30,000.00		30,000.00	
Fuel and oil	509.06		131.80	
Gas	1,579.52		1,723.40	
Ice	.....		.....	
Water	3,685.00		2,389.20	
Maintenance real estate and buildings	8,220.63		9,427.08	
Maintenance machinery and tools	380.75		24.37	
Plumbing and steam fitting	3,559.33		4,047.85	
Insurance	937.00		3,000.00	
Nurses' Annex	.....		1,013.05	
New machinery for making lint	.....		722.56	
Total general house and property expenses		$51,582.22		$55,343.05

EXPENSES FROM SPECIAL FUNDS

Choate Fund	$3,072.90		$4,382.11	
Preparedness	.....		3,256.23	
John P. Reynolds Memorial Fund	38.85		35.00	
Permanent Charity Fund	2,066.03		.....	
		$5,177.78		$7,673.34

CORPORATION EXPENSES

Salaries, officers and clerks				
Stationery, printing and postage				
Legal expenses				
Taxes				
Medical adviser	$1,000.00		$1,000.08	
Miscellaneous				
Total corporation expenses		$1,000.00		$1,000.08
Additional payment on heat, light, and power		25,000.00		.....

SUMMARY

EXPENSES

	1918	1917
Total administration expenses	$31,770.75	$31,698.57
Total professional care of patients' expenses	100,858.19	108,308.37
Total department expenses	136,336.12	128,427.73
Total general house and property expenses	51,582.22	55,343.05
Total hospital expenses	$320,547.28	$323,777.72
Corporation expenses	1,000.00	1,000.08
	$321,547.28	$324,777.80
Special Funds:		
Choate Fund	3,072.90	4,382.11
Preparedness	. . . . .	3,256.23
John P. Reynolds Memorial Fund	38.85	35.00
Permanent Charity Fund	2,066.03	. . . . .
	$326,725.06	$332,451.14
Additional payment on heat, light, and power	25,000.00	. . . . .
GRAND TOTAL	$351,725.06	$332,451.14

REVENUE

		1918		1917
Administration receipts		$4,658.73		$4,686.25
Professional care of patients' receipts:				
Board of priv. rm. patients	$28,939.49		$31,935.93	
Board of ward patients	85,310.50		53,466.10	
Special nurses	5,638.40		15,192.15	
Out-Door Department	13,300.66		14,430.91	
Photography and X-Ray	5,797.20		7,347.59	
Miscellaneous	7,794.81		8,030.76	
		146,781.06		130,403.44
Department receipts:				
Ambulance	$2,014.63		$1,102.64	
Miscellaneous	572.05		2,211.86	
		2,586.68		3,314.50
General house and property receipts				108.29
Total hospital receipts		$154,026.47		$138,512.48
Cash from Treasurer for current expenses	$134,342.59		$154,541.76	
Bills paid by Treasurer	58,217.07		35,014.79	
	$192,559.66		$189,556.55	
Cash from Treasurer for expense from Choate Fund	3,072.90		4,382.11	
Expense from Permanent Charity Fund	2,066.03	197,698.59	. . . . .	193,938.66
GRAND TOTAL		$351,725.06		$332,451.14

Statement of Stock on Hand

	1918	1917
Administration supplies	$3,625.68	$2,210.81
Professional care of patients' supplies	12,100.32	10,903.52
Department supplies	20,796.19	23,126.61
General house and property supplies	2,294.17	2,908.52
	$38,816.36	$39,149.46

Report of the School of Nursing

The year ends with the following staff of nurses and pupils on duty in the hospital:

Acting Superintendent of Nurses	1
Assistant Superintendent of Nurses	1
Instructors	2
Assistant Instructor	1
Supervisors	2
Night Supervisor	1
Graduate head nurses and assistants	11
Nurse anesthetist	1
Pupils	95
Pupils in preliminary course	23
Total	138

Owing to the war, we continued to increase the size of our classes, again entering twenty-seven applicants in January, twenty in May, and twenty-eight in September, making seventy-five probationers admitted into the school. Of these nineteen have withdrawn, thirty-three have been accepted into the school, and twenty-three start on the wards January 6, 1919.

Nine other pupils have left the school during the year. Two pupils have died.

The school census this year has been as high as 145.

In August we were obliged to give up the rooms at the Good Samaritan Hospital, as they were needed for the Hospital's use. We moved twelve of our nurses to rooms under the private ward — still keeping the two outside houses in the neighborhood.

With the increased number of pupils, we decided to give our theoretical instructor an assistant, and on the first of November one of our recent graduates was appointed to the position.

At the earnest wish of the Red Cross we again opened a course for Nurses' Aids, increasing it from seventy-two to two hundred and forty hours. Eleven young women took advantage of this during the summer months.

On May 1, at their solicitation, we increased our affiliation with the New York Nursery and Child's Hospital to five pupil nurses.

Our X-Ray work has increased to such an extent that we now have two graduate nurses on duty there.

Two of our pupils were able to take advantage of the four months' course in Public Health Nursing offered by the Instructive District Nursing Association for undergraduates, and we hope to increase this affiliation, which means a certificate in Public Health Nursing.

At the request of the Government, early in January sailors were sent to us, and we had from fifty to sixty until May 17, when they were discharged to the United States Naval Hospital in Chelsea. During this time we had a very serious epidemic of tonsillitis and diphtheria, and were obliged to call in three graduate nurses to help out on floor duty.

February 19 we called in twelve of the aids whom we trained last year. They stayed until the middle of May, and proved conscientious, willing, and efficient helpers. From February 12 to April 29 we were obliged to increase to a nine-hour day, with one afternoon off each week and four hours on Sunday.

On September 16, 1918, twelve nurses came down with influenza, and this epidemic was very serious during the balance of the year; the blackest day starting with forty-five nurses off duty. It was necessary for about one month to increase to a ten-hour day, with one afternoon off each week and four hours on Sunday. Enough cannot be said of the faithfulness and devotion of the nurses able to continue on duty during this period.

It is with sincere regret that I am obliged to record the death of two of our pupil nurses. Marion Louise Winslow died from influenza at the New York Nursery and Child's Hospital, New York City, October 12, 1918. She would have graduated January 26, 1919. Mabel Downton died from influenza at this hospital December 28, 1918. She was just starting on her senior year.

We gratefully acknowledge to Mr. Percival Clement his gift of $50 to this School of Nursing in appreciation of the care given him while a patient.

During the past year the school has been handicapped by the lack of head nurses, our staff being greatly depleted by the call of the Red Cross for work overseas and in the military and naval hospitals in this country.

I wish to thank Dr. Christian and the members of his staff for the care and attention given my nurses during the epidemic. I feel it is due to their interest and skill, as well as to the faithfulness of our nurses, that the mortality was not larger.

Our fourth graduation was delayed on account of the epidemic of influenza, and was not held until November 21, 1918. Dr. Howard, Superintendent, presided. The address was given by Miss Carolyn E. Gray, R.N., Principal of the School of Nursing, City Hospital, Blackwell's Island, New York City. There were twenty-six members in the class. The Dr. John P. Reynolds' Gold Medal was awarded to Miss Marguerite Robb.

LEONE N. IVERS, R.N.,
Acting Superintendent of Nurses.

In Memoriam

MARION LOUISE WINSLOW

Died October 12, 1918

Marion Louise Winslow, a pupil in this School of Nursing, died from influenza October 12, 1918, while in New York for her affiliated work in obstetrics, at the age of 22 years, 1 month, and 23 days.

She was in the last half of her senior year and would have graduated January 26, 1919.

She was a conscientious, industrious worker, of a most even and amiable disposition, and her loss is deeply deplored by all.

MABEL DOWNTON

Died December 28, 1918

Mabel Downton, a pupil in this School of Nursing, died from influenza in this hospital December 28, 1918, at the age of 26 years, 6 months, and 6 days.

She was just starting on her senior year and was a reliable, conscientious nurse.

Her loss is deeply deplored by all.

Social Service

The year 1918 will long be remembered as a year of unusual hardship and sorrow. To the stress and anxiety of those days when the fate of the Allies was uncertain came the suffering and loss of life due to the influenza epidemic. The effect of these experiences has been a deepening of the social consciousness as to the things people shall stand for in the future. To social workers as well has come a quickening of the spirit. On November 12, 1918, a group of executives and others engaged in the work of social agencies met in New York to talk over what their portion was to be in the new era. At this meeting the need of an organization for joint action was recommended. The individualistic tendency of the social worker was emphasized and the necessity of adopting some unifying motive which will give to Social Service greater democratic consciousness was demonstrated; that instead of working for the people we work with the people, "that the leader," as quoted from George Ade by one speaker, "get under and push up."

One feature of our year was the gift of three thousand dollars from the Permanent Charity Fund. This gift made it possible greatly to increase the usefulness of the Social Service Department.

Two full-time paid workers, one half-time paid worker, and one part-time paid worker have been added to our staff. Since then the medical wards, the surgical wards, the Out-Door Department, and the Diabetic Clinic and Heart Clinic each have had a social worker.

The plan begun two years ago of describing certain patients referred to Social Service, and giving a brief description of what was done or attempted, has been continued in this report, as it has seemed to convey to the people in general a better idea of what medical social service means in this hosiptal than do more abstract statements.

Patient, an Italian woman in Surgical Ward. Diagnosis: subcutaneous tubercular abscess on rib. Referred for sanatoria care. As there is no state sanatorium where a tubercular patient may go who has no tubercular process in the lungs, some other care has to be arranged. Home visited is very old, — a two-family wooden house, crowded in with other houses. There are only a few windows and no yard space. There are two children, — a boy 11 years old and a baby of 9 months. The patient refuses to listen to any plan which will separate her from her children. The father is seen and the need explained to him of getting his wife where she can have fresh air and sunshine. He is an intelligent man and makes plans right away to move to the country. The children are given a physical examination but no sign of tuberculosis is found. Later a call is made at the new home. The location is good; the rooms are large, with several windows which get a great deal of sunshine, and there is plenty of opportunity to stay out of doors. The husband has secured work as gardener near by. The patient looks better, and the children have gained too. The patient is to come in to the Out-Door Department regularly. There will be occasional calls made at the home by a social worker.

Patient, a young woman who is referred from the Out-Door Department for change of employment. She has a severe neuritis of the left arm. The doctor wants this arm given a complete rest. Patient has no money with which to support herself while adjustment of work is being made. Her parents are dead; her only living relatives are a sister and a brother. The sister has a large family, so that she cannot help patient, and the brother has been estranged from sisters for some time. Permission is got from patient to try to bring about reconciliation. A call is made on him and the situation explained. He seems anxious to help his sister and goes to see her right away.

Invites her to come and live with him until she is able to get back to regular employment. Arrangements are then made for patient to work at the Tide-Over League a few hours each day. Here she will be given work that will not bring too much strain on arm. Under careful medical supervision it is hoped to adjust and increase the work until patient is able to take a position outside at regular employment.

Patient, a boy of 16 years in Medical Ward. Diagnosis: advanced heart disease. Referred for supervision in home through Heart Clinic. Patient will never be able to hold any regular occupation outside of home. He lives with his mother, a younger sister, and an aunt. The last two generally stay at home, while his mother goes out to work. The rooms are remarkably clean and pleasant, and get a good deal of sunshine. Through the Tide-Over League, arrangements are made to provide a loom for patient at his home and to send a worker from the League to teach him how to use it. The loom was planned by Dr. Mumford for heart cases; it is very light, and articles such as wash cloths can be made on it. Money for the loom was given by a friend. Already patient has been able to earn a little, besides having an occupation pleasant as well as profitable.

Patient, a woman of 32 years. Diagnosis: pulmonary tuberculosis. Referred for sanatoria care. She is willing to go away but has no one with whom she can leave her three little boys. The husband is a traveling salesman. After several plans are talked over with patient and husband, arrangements are made to have children boarded under the care of a children's society while patient is in a sanatorium. Relationship is kept up with patient through letters written to her at the sanatorium.

Patient, a woman discharged home from Medical Ward. Diagnosis: chorea, with some question of mental involvement. She has been in hospital nearly four months with very little improvement. Referred for after-care. Home visited; conditions very poor, patient unable to give her baby or her home proper care. A mental examination is indicated and obtained at the Psychopathic Hospital; there the diagnosis is simply chorea with a good prognosis. Patient told to stay in bed six weeks and have plenty of fresh air, sunshine, and nourishing food. As it is impossible for her to get this treatment in her home, application is made to Adams Nervine Asylum, where she is admitted. The baby is placed at board in a private family known to this department. The husband pays for board of baby and a small amount for care of wife. Diagnosis at Adams Nervine is Huntington's chorea with poor prognosis.

Patient, a young woman of 21 years in Medical Ward. Diagnosis: question of tubercular peritonitis. Referred for a long period of rest and building up in country. Patient is an attractive Russian girl who came to this country about four years ago, induced to do so by a girl friend who painted life here in glowing colors. She was not long in the United States when this friend deserted her. She was left quite alone without money or relatives. For a while she was able to support herself working in a tailor shop. She has some talent for designing, so entered the School of Design, studying there for six months under great difficulty, trying to support herself by working late nights and eating insufficient food. Then she broke down and was sent to a hospital, where she had two operations performed with no good result. A third operation was done at another hospital with same result. Finally she was sent to this hospital, where the above diagnosis is made and treatment prescribed. A plan is made to send patient to a camp in the pine woods of New Hampshire for an indefinite time; the use of the cottage and food to be given by a lady who becomes interested in patient. As soon as patient is able to return to work there will be no difficulty in finding her employment, as she does exquisite needlework. In all probability some help can be given her to acquire further instruction in design.

It may be of interest to some of our readers to learn that we have kept in touch with all but one of the patients described in last year's report. In the following account the numbering corresponds to the order in which the patients were mentioned in our last report.

Patient number one was found to be feeble-minded and sent to a school for the feeble-minded.

Patient number two became too ill to stay in a boarding-home, so was transferred to the Massachusetts General Hospital, and from there to the Holy Ghost Hospital, where she died the latter part of 1918.

Patient number three was discharged last spring from the Robert Brigham Hospital. A room was found for her and work supplied through the Tide-Over League. She has supported herself throughout remainder of 1918.

Patient number four had to be sent to an institution, and from there she will be deported to Ireland.

Patient number six gradually failed during the spring of 1918 and died in August. The Social Service workers were very glad to be able to make the last days of the patient's life a little more comfortable than they otherwise would have been.

Patient number seven was sent to Robert Brigham Hospital the first part of 1918, as he was not doing well. He improved, and was discharged the latter part of spring. Work was found for him at the Y. M. C. A., where he has been ever since.

Patient number eight is still at Massachusetts Hospital School. He is doing well and is very happy.

During the year —

618 patients dealt with in Social Service Department.
548 new.
70 old.
155 referred from House Medical Service.
101 referred from House Surgical Service.
262 referred from O. D. D. Medical Service.
58 referred from O. D. D. Surgical Service.
42 referred from outside agencies.

Of these —

63 referred for convalescent care.
53 referred for after-care.
51 referred for permanent care.
35 referred for tubercular sanatoria.
64 referred for return for treatment.
25 referred for instruction as to diet and general hygiene.
36 referred for advice and supervision.
11 referred for friendly interest.

3 referred for apparatus.
29 referred for hospital care.
22 referred for employment or adjustment of work.
20 referred for transportation.
20 referred for vacation.
9 referred for care of children.
27 referred for financial aid.
125 referred for diabetic clinic.

Resources used for:

20 Chickering House, Dedham.
14 Associated Charities.
11 Jewish Federated Charities.
1 Children's Society, Manchester.
2 Social Service, Weymouth.
15 House of the Good Samaritan.
41 Treatment provided through P. B. B. H., and O. D. D.
13 Consumptives Hospital O. D. D.
1 Catholic Sisters.
1 Commission for the Blind.
4 Apparatus provided.
1 Beth Israel Hospital.
51 Advice or supervision.
16 Unable to locate.
1 Lend-a-Hand Society.
3 Long Island.
12 Died.
1 Homeopathic Convalescent Home.
*39 Family or friends provide.
35 Aid unnecessary.
21 St. Luke's Home.
19 Transportation furnished.
5 Psychopathic Hospital.
2 Y. W. C. A., Boston.
8 Heart Clinic.
21 State sanatoria.
5 Coöperation with employers or other agencies.
12 District Nursing Association.
1 Y. M. C. A., Boston.

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* This often means a good deal of time and effort given by the Social Workers in helping the friends arrange for patient's after-care.

2	City Hospital Social Service.
2	Holy Ghost Hospital.
3	Jamaica Plain Friendly Society.
1	Tide-Over League.
1	Cullis Consumptive Home.
1	Charity Organization, So. Philadelphia, Penn.
2	Brookline Friendly Society.
8	Employment found.
1	Catholic Charitable Bureau.
1	Boston Floating Hospital.
2	Sunnybank Home.
2	Channing Home.
6	Revere Board of Health.
1	Talitha Cumi.
1	Rockport Lodge.
1	Florence Crittendon Home.
2	Norfolk House Pre-Natal Clinic.
3	Woman's Educational and Industrial Union.
1	Milton Convalescent Home.
3	Children's Aid Society.
3	Legal Aid Society.
3	Robert Brigham Hospital.
4	Overseers of the Poor.
2	Little Wanderer's Home.
12	Patients refused to coöperate.
13	Vacation.
3	Red Cross Home Service.
4	Massachusetts General Hospital Social Service.
1	Society for the Prevention of Cruelty to Children.
2	Roxbury Charitable Society.
33	Private Hospital.
1	Invalid Aid Society.
1	Massachusetts Hospital School, Canton.
14	Active cases.

The service rendered us by the Women's Motor Detachment of the American Red Cross Society has been of the same inestimable value as last year. About five hundred trips have been made in bringing patients in for treatment or taking them from the hospital to their homes. We wish to express our appreciation for this service.

Through the generosity of the doctors of this hospital and a few outside friends a Christmas party was held in the wards for the patients. There were trees trimmed and lighted for each ward, a Santa Claus who gave out presents, and beautiful carols sung by the members of the Radcliffe College Glee Club.

The Social Service Department again wishes to thank most sincerely all those who have aided in the work of the past year: the friends inside the hospital, and the friends and organizations outside, who have given most generously of their time, and without whom it would not have been possible to carry out plans made for the patients.

ALICE M. CHENEY,
Head Worker.

Workers

Miss Helen R. Choate
Miss Katherine A. Homans
Mrs. Kenneth L. Mark
*Miss Dorothy K. Marsh
†Mrs. Wm. G. Nickerson
Miss Sybilla O. Young
‡Miss Gertrude Kenney

* Since October 29, 1918.
† From January to May, 1918.
‡ From February to July, 1918.

Report of the Pathologist

The statistics for the Department are as follows:

Autopsies, medical service	113
Autopsies, surgical service	31
Autopsies, ambulance case	1
Total	145
Reports on surgical specimens	870
Reports on bacteriological examinations	1175
Guinea-pig inoculations for suspected tuberculosis	179
Total	2,224

The total number of deaths in the hospital was 372, including one death from the ambulance service. There were 300 deaths in the medical service and 71 in the surgical service. The 145 autopsies, based on 372 deaths, give a percentage of 40– for the year. 37.66 per cent of the medical deaths and 43.66 per cent of the surgical deaths were autopsied.

The increase in deaths during 1918 was due to the influenza epidemic. While the number of autopsies performed was considerably larger than in any preceding year, the percentage of autopsies in relation to the deaths was smaller. The explanation of the lowered percentage is that the hospital was filled to capacity at a time when the medical staff was reduced in number. The large number of deaths and stress of routine prevented the devotion of the time necessary to secure permission for autopsies in many cases.

The number and percentages of autopsies for preceding years were:

	No.	Per cent
1917	114	55.6
1916	113	49.54
1915	101	47.6
1913 and 1914	147	58.5

The number of surgical and bacteriological examinations for preceding years were:

1917	1248
1916	1144
1915	1030
1914	847

The increase in number of bacteriological examinations is due in part to the many throat cultures made during the period last winter when there were a number of cases of diphtheria in the hospital and in part to the increased facilities for bacteriological work.

During eleven months of the year the laboratory force was limited to two, the Pathologist and Dr. Wulffaert, as it was impossible to secure men for the positions of Resident and House Officer. This, and a routine considerably heavier than in any preceding year, prevented any extensive research activity.

The appointment of a bacteriological assistant in October has been productive of a gradual improvement in the character of the clinical and autopsy bacteriology, but the bacteriological work of the laboratory cannot be put upon a permanently satisfactory basis until the laboratory force is restored to its normal strength. In this connection may be mentioned the advisability of increasing the strength of the department by creating a place for a second house officer. This would insure having at all times one house officer with at least six months' training, and would enable both the Resident and the Pathologist to give more time to original investigation and to coöperate with the members of the clinical departments in the special study of difficult cases.

Much valuable teaching material has been collected during the past year. The rarer specimens have been given to the Warren Museum; the bulk has been preserved for teaching in the department of Pathology.

Dr. Annie E. Taft resigned as Resident Pathologist January 31, 1918.

Dr. Franz Wulffaert was appointed House Officer January 15, 1918, and advanced to Resident Pathologist July 1, 1918.

Miss Madeline P. Grant was appointed Bacteriological Assistant October 28, 1918.

RESEARCH

Dr. Wolbach has continued his studies of Rocky Mountain Spotted Fever. From September 24 to October 28 he was on leave of absence at Camp Devens as Contract Surgeon for the purpose of studying the bacteriology and pathology of influenza. A preliminary report has been published.

PUBLICATIONS

S. B. WOLBACH and J. L. MORSE: "Neuroblastoma Sympathicum," "Report of a case, with notes on two others, and a brief review of the literature." American Journal of Diseases of Children, August, 1918.

E. J. COHN, S. B. WOLBACH, and L. J. HENDERSON: "The Control of Rope." Journal of General Physiology, 1918, Vol. I, No. 2.

This paper was one of a series superintended by Professor Henderson on war-bread problems. The bacteriology of ropy bread and methods of preventing the condition were the subjects investigated in this paper. A satisfactory method of controlling rope was found.

S. B. WOLBACH: "Comments on the Pathology and Bacteriology of Pneumonia following Influenza, as seen at Camp Devens." Johns Hopkins Hospital Bulletin, April, 1919.

In this paper the presence of a destructive lesion in the lungs was emphasized as establishing the entity of influenza pneumonias, irrespective of the secondary bacterial infections. The importance of the bacillus of influenza in maintaining a characteristic form of broncho-pneumonia was also established.

Dr. W. T. Councilman, Dr. W. H. Cook, and Dr. N. C. Foot of the Harvard Medical School Department of Pathology have each on occasions given assistance in the absence of the Pathologist. Dr. Councilman has utilized the records of the department in a study of old age.

S. B. WOLBACH, M.D.,
Pathologist.

Report of the Acting Surgeon-in-Chief

A REPORT of the Surgical Service for 1918 cannot be a report of progress; it is a record of efforts, in the main successful, to maintain previous standards of professional work and service under inevitable handicaps. The diminution of the staff occasioned by the war and noted in the last annual report has become intensified. Dr. Harvey Cushing, Surgeon-in-Chief, has remained on active duty overseas; Dr. John Homans, Surgeon, was granted the privilege of accepting military service on June 1, when it appeared that the need for capable surgeons in the army transcended that in the Brigham Hospital, short-handed though it was. Dr. David W. Houston, appointed Assistant Resident Surgeon November 1, 1917, resigned on February 8, 1918, to enter the army. Thus, the work was carried forward by the Acting Surgeon-in-Chief, by Dr. William C. Quinby, Associate in Urology, and by Dr. Conrad Jacobson, Surgical Resident, with no other assistance than the House Staff, except that Dr. P. T. McCarthy, who had just completed his service as House Officer, was able to give three months of service as Assistant Resident from October 1. Dr. Quinby, besides carrying on his special work in the care of urological cases, was appointed Acting Surgeon in place of Dr. Homans, and he performed his duties when called upon. The situation as regards house officers, which was so unsatisfactory and uncertain in 1917, after the outbreak of the war, became stabilized by the action of the Surgeon-General in requiring a year of house-officer service from students graduating during the year and seeking commissions in the medical corps of the army. The requirement that such service must be completed within sixteen months of graduation made the maintenance of a graded house-officer appointment almost impossible, and the term of service was changed to conform to regulations, — to a one-year term divided into four periods of three months each. It was impossible to expect that house officers whose education in the medical schools had been shortened by studying through a summer term and who served but one year in the hospital, could prove themselves capable of the type of work which had been our standard in previous years. A serious loss was occasioned by the resignation on July 9 of Miss G. K. Martin, who had had charge of the operating rooms since July, 1915, and left us with the intention of obtaining a needed rest and then seeking duty in the army. On April 25 Dr. C. B. Walker, Associate in Surgery, resigned. Dr. Walker had had charge of the eye, nose, and throat work of the hospital since March 1, 1915, had built up a growing clinic in the Out-Door Department, and had done important work in his special branches among our in-patients. It seemed unwise, and indeed it would have been impossible, to fill his place during the war. Accordingly, as the result of a conference with the heads of the appropriate departments in the Harvard Medical School, Dr. Eugene A. Crockett was appointed Acting Consultant in diseases of the ear, nose, and throat, and Dr. Edwin Jack in the diseases of the eye. These gentlemen, already fully occupied, generously responded to our demands upon their time, and due acknowledgment is hereby made of our indebtedness to them.

The number of surgical admissions during the year was 1777, contrasting with 1942 in 1917. The number of deaths was 71, of which 61 were post-operative and 10 were not. The total number of operations was 1474. In the surgical Out-Door Department the new cases were 3574, and the total number of visits 23,321, contrasting with 4530 and 26,032, respectively, in 1917. It thus appears that there was a definite diminution in the number of patients treated, both in the house and in the Out-Door Department, for which several explanations can be offered. Thus, during the influenza epidemic, which raged throughout the autumn and early winter months, the surgical work was cut down to a minimum. No cases were admitted except serious emergencies. The major portion of the surgical wards was turned over to the medical service, to accommodate their influenza cases or the overflow of ordinary medical patients. About half of the surgical house officers were loaned for the care of influenza patients, and, with incidental sickness among the remaining ones, the effective surgical staff was reduced to the lowest possible point. Those remaining would gladly have offered their services to help combat this dreadful scourge, had such a course not rendered them unavailable for the care of surgical emergencies. Moreover, as regards the lessened resort by patients to the Out-Door Department, it is to be suspected that the decreased efficiency and experience of the sub-senior house officers in charge led to less satisfactory work, and consequently less confidence on the part of the public, although the members of the resident and visiting staffs supplemented this work so far as possible. It is to be noted that a similar tendency to diminished patronage existed in all other departments of the hospital. The medical services have shown an even greater proportionate diminution of attendance.

The teaching of surgery to the students of the Harvard Medical School was carried on without curtailment of exercises, though doubtless with diminished efficiency, during the year, and the members of the Visiting Staff who were condemned to carry on the duties of civil life, rather than enter the army, could find consolation in the fact that they contributed to the education of many young men who were soon to become officers in the medical corps. They were especially glad of the opportunity to give, at the request of Major Robert W. Lovett, weekly clinics to groups of medical officers who were detailed to Boston for the intensive study of orthopedic surgery.

The general surgical work has been carried on without noteworthy innovation, and fortunately in spite of handicaps, with scarcely any regrettable incidents. The success of the new plan, by which the administration of anæsthesia was intrusted to house officers during their second rather than during their first periods, was undoubted. The men were riper in experience and more able to carry out this very important branch of surgery under the thoroughly acceptable instruction of Miss Hunt, who has acted as anæsthetist since August, 1917.

Although the signing of the armistice has virtually brought the war to a close, it is still perhaps inappropriate, under present economic conditions, to discuss *in extenso* requirements for the future development of the surgical service, yet it is proper to reiterate the crying need for proper accommodations for study and for private offices for the junior members of the visiting staff, — a need which has been emphatically touched upon in previous reports. Moreover, if the hospital is to serve all classes in the community in the future as effectively as it has attempted to do in the past, there will soon be needed a new, or it had better be said a real, private ward to accommodate a class of well-to-do citizens who have at least as much right to command the services of the Visiting Staff as have the patients in the wards, and whose fees will enable the members of the staff to continue to devote their entire time to the hospital as a whole in the future as they have done in the past. The present ward devoted to this object was never intended for this purpose, and is in many respects thoroughly inadequate, and creates in the minds of patients unfavorable comparisons with the splendid accommodations afforded, or about to be afforded, in sister institutions. It is reasonable to hope that, as has been the experience in other hospitals, from the group of private patients will spring future benefactors, and benefactions have already become essential for the growth and development of our professional work. Moreover, there is need for additional accommodations for patients who are in moderate circumstances, yet who are able to pay a small fee for treatment, and who should not be required as charity patients to receive the attention of the members of the staff, although they defray their ward expenses. Social conditions have been metamorphosed by the increased earning capacity of large groups of citizens occasioned by the war, and this tendency shows no sign of diminution since the armistice. The skilled mechanic, who, before the war was making an income which hardly justified his paying a private fee for professional treatment, has now found his income doubled or trebled, and in spite of the increased cost of living is showing a laudable desire to receive the privileges and incur also the obligations of private professional attendance. This tendency should be encouraged by the provision of simple and inexpensive accommodations for such patients, similar to those sparingly afforded at present in the private pavilion. It is harmful to the self-respect of these persons, who are anxious not to be obliged to ask favors, to find that hospital charges have increased so much that they must still be ranked as ward patients. Furthermore, this same large group of the community should be able to obtain a diagnosis of their conditions and treatment suited for ambulatory cases, in a diagnosis or pay clinic separate from the regular Out-Door Department, to which younger men might be appointed as attending surgeons and physicians, who would be well repaid by the small fees which might be charged there.

There follow the usual statistical tables of surgical diseases and operations, compiled essentially on the same principles as last year and subject doubtless to the same criticisms which seem inherent in such statistics. They form a bulky part of the report, and certainly it is doubtful whether their value is proportional to their mass; but they afford a rough means of gauging the general type of surgical cases which we treat and a vague notion of the results of treatment as expressed by the number of cases which appear in the last column. The brief abstracts of operative fatalities are again appended, and again, as noted in the last report, it seems that their value has been chiefly to the surgeon who, in their preparation, has reviewed with care the histories of regrettable cases.

No apology will be made for the brief space needed by the list of publications of members of the surgical department. It is sufficient to say that its members have been quite fully occupied during the absence of their fellows in the national service.

DAVID CHEEVER,
Acting Surgeon-in-Chief.

Publications of the Surgical Staff—1918

HARVEY CUSHING. Notes on Penetrating Wounds of the Brain. Brit. Med. Jour., 1918, pp. 221–226.

——A Study of a Series of Wounds Involving the Brain and its Enveloping Structures. Brit. J. S., 1918, Vol. V., pp. 558–684.

HARVEY CUSHING and CLIFFORD B. WALKER. Distortions of the Visual Fields in Cases of Brain Tumor. (Fifth paper.) Chiasmal Lesions, with Especial Reference to Homonymous Hemianopsia with Hypophyseal Tumor. Arch. Ophth., 1918, Vol. XLVII, pp. 119–145.

H. F. DAY. Observations on Disabled Shoulders, with Especial Reference to Subacromial Bursitis. Boston Med. and Surg. Jour., 1918, Vol. CLXXVIII, pp. 389–392.

JOHN HOMANS. The Prognosis and Treatment of Empyema. Annals of Surg., June, 1918, Vol. LXVII, pp. 697–706.

WILLIAM C. QUINBY. A Method for the Collection of Urine from Each Kidney Separately in the Dog. Tr. Am. Society for Clinical Investigation, 1918.

——The Treatment of Genital Tuberculosis in the Male. Jour. A. U. A., 1918, Vol. LXXI, pp. 1790–1795.

Surgical Diagnoses and Operations

JANUARY 1, 1918, TO JANUARY 1, 1919

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION I				
SPECIFIC INFECTIOUS DISEASES, GENERAL DISEASES				
Erysipelas	5			
Gumma of knee	1			
Influenza	5			
Meningitis, cerebrospinal	1			
Meningitis, tuberculous	1			
Pneumonia, broncho-	3			
Pneumonia, lobar	6			
Pott's Disease	2			
Scarlet Fever	1			
Septicemia, general	2	1		
Syphilis	12			
Typhoid Fever	1			
Ulcers, syphilitic	1			
SECTION II				
DISEASES DUE TO ANIMAL PARASITES				
(No cases)				
SECTION III				
DISEASES OF METABOLISM				
Acidosis	1			
Coma, diabetic	11			
Diabetes Mellitus	9			
Gangrene, diabetic	4	1		
Amputation of leg	......	......	4	1[1]
Amputation of toe	......	......	1	
SECTION IV				
CONDITIONS PECULIAR TO INFANCY				
(No cases)				

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
SECTION V				
DISEASES DUE TO PHYSICAL AGENTS				
Burns, 1st and 2nd degree	1			
Burns, 1st, 2nd, and 3rd degree	2	1		
Skin grafts			1	
SECTION VI				
POISONINGS, INTOXICATIONS				
Delirium Tremens	1			
Morphinism, chronic	2			
Poisoning, acute cocaine	1			
SECTION VII				
TUMORS, NOT OF SPECIAL ORGANS				
Carcinoma of chest wall	1			
Excision of skin nodule — cauterization			1	
Cyst of buttock	1			
Excision			1	
Cyst of elbow	1			
Drainage			1	
Cyst of shoulder	1			
Excision			1	
Epithelioma of ear	1			
Excision			1	
Epithelioma of shoulder	1			
Excision			1	
Hemangioma of arm	1			
Excision of tumor and muscle			1	
Lipoma of buttock	1			
Excision			1	
Lipoma of shoulder	1			
Excision			1	
Lymphangioma of chest wall	1			
Excision			1	
Lymphoma, Malignant (Hodgkin's Disease)	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Tumor of mediastinum	1			
Excision			1	
(For other tumors see special organs)				
SECTION VIII				
CONGENITAL MALFORMATIONS				
Cyst of thyroglossal duct	1			
Excision			1	
Dystopic kidney	1			
Fistula of thyroglossal duct	1			
Excision			1	
Hydrocele of canal of Nuck	1			
Excision			1	
Infantile uterus	1			
Malposition of kidney	1			
Meckel's diverticulum	1			
Excision (appendicectomy, incidental 1)			1	
Pilonidal sinus	8			
Excision			8	
Polycystic kidney	1			
Nephrectomy			1	
Transposition of viscera	1			
Laparotomy, exploratory			1	
Undescended testicle	7			
Excision of testicle			3	
Plastic on cord			4	
SECTION IX				
GENERAL INJURIES AND DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUES				
Abrasions about face and body	2			
Abrasions, fingers and forehead	1			
Abrasions, superficial (hands and fingers)	1			
Abscess of abdominal wall	1			
Abscess of arm	3			
Incision — drainage			3	
Abscess, axillary	3			
Incision — drainage			3	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess of breast	1			
Incision — drainage			1	
Abscess of buttock	3			
Incision — drainage			1	
Abscess, cervical	3			
Incision — drainage			3	
Abscess of cheek	1			
Incision — drainage			1	
Abscess of chin	2			
Incision — drainage			2	
Abscess, extraperitoneal	1			
Incision — drainage			1	
Counter incision — drainage			1	
Abscess of finger	1			
Incision — drainage			1	
Abscess of heel	1			
Incision — drainage			1	
Abscess, inguinal	4			
Incision — drainage			3	
Incision — drainage — excision suppurating gland			1	
Abscess of lip	1			
Abscess of neck	1			
Incision — drainage			1	
Abscess of nose	1			
Incision — drainage			1	
Abscess of popliteal space	1			
Incision — drainage			1	
Abscess of rib, tuberculous	1			
Incision — drainage			1	
Abscess about umbilicus	1			
Excision			1	
Abscess of wound, abdominal	1			
Carbuncle of abdominal wall	2			
Excision			1	
Incision — drainage			1	
Carbuncle of hand	1			
Ligation of artery — evacuation of hematoma			1	
Carbuncle of neck	7			
Excision			2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Incision	......	......	3	
Skin graft (secondary)	......	......	2	
Carbuncle of nose	2			
Incision — drainage	......	......	2	
Cellulitis	8			
Incision — drainage	......	......	3	
Contusions, various	32			
Crush of foot	1			
Amputation of 1st and 2nd toes	......	......	1	
Foreign body in thigh	1			
Removal	......	......	1	
Furunculosis	5			
Incision — drainage	......	......	2	
Gangrene of finger	2			
Amputation	......	......	2	
Gangrene of heel	1			
Excision of gangrenous ulcer	......	......	1	
Gangrene of leg	3			
Amputation of leg	......	......	3	
Gangrene of mouth	1			
Hematoma of leg	1			
Ingrowing toe-nail	1			
Partial excision of nail and matrix	......	......	1	
Raynaud's Disease	1			
(*Amputation of leg included under gangrene of leg*)				
Septic finger	8			
Amputation of finger	......	......	4	
Incision — drainage	......	......	3	
Incision of palmar abscess — amputation of finger	......	......	1	
Septic foot	1			
Incision — drainage	......	......	1	
Amputation of leg	......	......	1	
Septic hand	8			
Incision — drainage	......	......	7	
Excision flexor tendon	......	......	1	
Multiple incisions — drainage — skin graft	......	......	1	
Sinus, postoperative	1			
Exploration — drainage	......	......	1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Sinus, tuberculous	2			
Incision — drainage			2	
Ulcer of leg	3			
Excision — skin graft			1	
Wound, crushing of toe	1			
Wound, gunshot of breast	1			
Incision — drainage			1	
Wounds, lacerated	21			
Skin graft			2	
Suturing of wound			4	
Suturing of flexor tendons			1	
SECTION X				
SPECIAL SKIN DISEASES				
Eczema	1			
Erythema Multiforme	1			
SECTION XI				
DISEASES OF CIRCULATORY SYSTEM				
Angina Pectoris	2			
Arteriosclerosis	1			
Auricular Fibrillation	1			
Endocarditis	2			
Gangrene, senile	1			
Mitral insufficiency	1			
Mitral stenosis	2			
Myocarditis	3			
Thrombophlebitis	3			
Ulcer of leg (old varicose veins)	1			
Skin graft			1	
Valvular lesions (combined)	2			
Varicose veins and ulcers	26	1		
Excision of veins (skin graft 1)			20	1[2]
SECTION XII				
DISEASES OF THE LYMPHATIC SYSTEM				
Lymphadentis	4			
Excision of glands			3	
Incision — drainage			1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Lymphangitis	1			
Tuberculosis of cervical lymph glands	19			
Excision	......	......	18	
Tumors of lymph glands				
Carcinoma	1			
Excision	......	......	1	
SECTION XIII				
DISEASES OF THE BLOOD				
Anemia, pernicious	4	1		
SECTION XIV				
DISEASES OF THE DUCTLESS GLANDS				
A. Spleen				
Anemia, splenic	1			
Splenectomy	......	......	1	
Rupture of spleen, traumatic	1			
C. Thyroid Gland				
Exophthalmic Goitre (to include hyperthyroidism)	15			
Ligation of superior thyroid arteries	......	......	2	
Ligation of artery — partial thyroidectomy	......	......	1	
Thyroidectomy, partial	......	......	9	
Thyroiditis, chronic	1			
Thyroidectomy, partial	......	......	1	
Tumors of the thyroid gland				
Adenoma	3			
Excision	......	......	1	
Thryoidectomy, partial	......	......	2	
Carcinoma	1			
Thyroidectomy, partial	......	......	1	
Goitre, colloid	2			
Thyroidectomy, partial	......	......	1	

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
E. PITUITARY GLAND				
Dyspituitarism with hypophyseal tumor	2			
Transphenoidal sellar decompression	......	......	1	
Infantilism	1			
SECTION XV				
DISEASES OF THE NERVOUS SYSTEM				
A. INJURIES TO THE NERVOUS SYSTEM				
Brain (wounds and injuries)				
Intracranial injury (concussion)	3			
Intracranial injury (contusion)	4			
Intracranial injury (laceration)	1			
Spinal cord (wounds and injuries)				
Hematomyelia	1			
B. INFECTIONS OF THE NERVOUS SYSTEM				
Arachnoiditis, chronic	1			
Bone flap, freeing of adhesions	......	......	1	
Chorea	1			
Syphilis, cerebrospinal	2			
C. INFLAMMATION AND DEGENERATION OF NERVES				
Palsy, brachial	1			
D. SPINAL CORD DISEASE				
Myelitis, transverse	1			
Sclerosis, multiple	1			
Syringomyelia	1			
Tabes Dorsalis	2			
Tumors of spinal cord				
Cyst, dermoid	1			
Endothelioma of dura	1	1		
E. BRAIN DISEASE				
Abscess of brain	1			
Hemorrhage, cerebral	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Tumors of brain				
Cerebrum				
Endothelioma	1			
Glioma	5	2		
Parietal exploration			1	
Subtemporal decompression			4	2[3, 4]
Gliomatous cyst	1			
Aspiration of cyst			1	
Uncertified	2			
Cerebellum				
Glioma	3	2		
Decompression			1	
Removal, partial			1	1[5]
F. PSYCHOSES				
Dementia precox	1			
Dementia senile	1			
Manic depressive insanity	1			
Psychosis, senile	1			
J. NERVOUS DISEASES WITHOUT RECOGNIZED PATHOLOGY				
Epilepsy	4			
Hysteria	3			
Migraine	1			
Neuralgia, trigeminal	21	1		
Avulsion of sensory root			20	1[6]
Avulsion of Gasserian ganglion (1st stage)			1	
Avulsion of sensory root (2nd stage)			1	
Neurasthenia	10			
Paralysis agitans	1			
Psychoneurosis	1			
SECTION XVI				
DISEASES OF BONES, JOINTS, MUSCLES TENDONS, AND FASCIA				
A. DISEASES OF BONES				
Exostosis	2			
Excision			2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Fracture of acromion	1			
Clavicle	5			
Colles	1			
Condyle of humerus	1			
Reduction	.....	.....	1	
Elbow	1			
Plastic arthrotomy	.....	.....	1	
Femur	12			
Forcible impaction	.....	.....	1	
Reduction	.....	.....	2	
Femur, compound	2			
Amputation thigh	.....	.....	1	
Reamputation	.....	.....	1	
Reduction	.....	.....	1	
Fibula	3			
Fingers, compound	1			
Reduction — suturing of tendons	.....	.....	1	
Humerus	12			
Open reduction — bone plating	.....	.....	1	
Reduction	.....	.....	2	
Humerus, femur and metatarsal bones, compound	1			
Bone plating	.....	.....	1	
Removal of bone plate	.....	.....	1	
Innominate bone	1			
Metacarpal bones	1			
Reduction (1st stage)	.....	.....	1	
Excision of bony spicule (2nd stage)	.....	.....	1	
Metacarpal bones, compound	1			
Olecranon	2			
Open reduction	.....	.....	1	
Open reduction — suturing fracture	.....	.....	1	
Patella	2			
Reduction	.....	.....	1	
Suturing	.....	.....	1	
Pelvis	1			
Phalanx, proximal	1			
Pott's	2			
Open reduction	.....	.....	1	
Reduction	.....	.....	1	
Radius	6			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Open reduction			1	
Open refracture			1	
Reduction			2	
Radius and ulna	3			
Open reduction — bone plating			1	
Removal of bone plate			1	
Reduction			1	
Ribs	3			
Scaphoid bone	1			
Scapula	1			
Skull	11	4		
Repair of depressed fracture			1	1[7]
Subtemporal decompression			3	3[8, 9,]
Spine	1			
Sternum	2			
Tibia and fibula	10			
Bone plating			1	
Removal of bone plate			1	
Open reduction			1	
Reduction			5	
Reduction — bone plating			1	
Removal of bone band			1	
Tibia and fibula, compound	1			
Reduction — drainage — removal sequestrum			1	
Toe, compound comminuted	1			
Tuberosity of ischium	1			
Ulna	1			
Bone graft			1	
Vertebræ	4			
Osteomyelitis	6			
Amputation of finger			1	
Curettage			1	
Incision — curettage — drainage			1	
Removal of sequestrum — plastic on stump			1	
Removal of sequestrum — curettage			1	
Syphilis of ribs	1			
Tuberculosis of ribs	2			
Resection			1	
Tuberculosis of wrist	1			

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumors of bone				
Osteoma	2			
Excision			2	
Osteitis fibrosa cystica	1			
Excision — curettage — bone graft			1	
Sarcoma of femur	1			
Resection of knee			1	
B. DISEASES OF THE JOINTS				
Ankylosis	1			
Arthritis, non-infectious, non-traumatic	2			
Arthritis, chronic deforming	1			
Arthritis, chronic infectious	7			
Arthritis, gonorrheal	3			
Arthritis, hypertrophic	1			
Charcot joints	1			
Dislocations, various	9			
Reduction			4	
Displaced cartilage	1			
Medial arthrotomy — excision of cartilage			1	
Loose body in joint	1			
Arthrotomy, exploratory			1	
Scoliosis	1			
Synovitis	2			
Synovitis, chronic gonorrheal	1			
Synovitis, tuberculous	1			
Arthrotomy			1	
Tuberculosis of joint (knee)	2			
Amputation of thigh			1	
Incision and drainage of abscesses			1	
Digital exploration of sinuses			1	
Amputation of thigh			1	
C. OTHER DISEASES OF THE ORGANS OF LOCOMOTION				
Amputation stump, painful	2			
Reamputation			2	
Bursitis, chronic	5			
Excision of bursa			3	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Exploration of bursa — release of adhesions	......	......	1	
Bursitis, chronic suppurative	1			
Excision of bursa	......	......	1	
Bursitis, prepatellar tuberculous	1			
Contraction, cicatricial of palmar fascia	1			
Excision of scar	......	......	1	
Resection of tendon — excision of scar — transplantation of fat	......	......	1	
Destruction of extensor tendons of foot	1			
Hallux valgus	2			
Excision of metatarsal bone	......	......	2	
Hammer toe	2			
Amputation	......	......	2	
Pronated feet	1			
Rupture of tendon	1			
Suturing of tendon — transplantation of fat	......	......	1	
Severed tendon	1			
Suturing of tendon	......	......	1	
Sprain, sacro-iliac	1			
Strain, sacro-iliac	4			
Strained ligament	1			
Tuberculosis of tendon sheath	1			
Wound of tendon	1			
Freeing of tendon from scar tissue	......	......	1	
SECTION XVII				
DISEASES AND INJURIES OF THE EYE AND EAR				
Diseases of the Eye				
C. Lacrimal Apparatus				
Dacryocystitis	1			
Permanent drainage of lacrimal sac	......	......	1	
Diseases of the Ear				
B. Auricle				
Cyst, sebaceous of ear	1			
Excision	......	......	1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
E. Middle Ear and Mastoid				
Mastoiditis, acute	1			
Mastoiditis, chronic suppurative	1			
Drainage of mastoid cells			1	
Otitis media, acute	9			
Paracentesis			4	
Otitis media, chronic suppurative	15			
SECTION XVIII				
DISEASES OF THE NOSE				
Deviation of septum	3			
Submucous resection			3	
Epistaxis	1			
Hypertrophy of turbinates	2			
Excision			2	
Rhinophyma	1			
Excision			1	
Sinusitis	3			
Varix of septum	1			
Tumors of nose				
Epithelioma	1			
Excision — skin graft			1	
SECTION XIX				
DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS, PALATE				
Abscess on lip	1			
Incision — drainage			1	
Abscess, peritonsillar	7	1		
Incision — drainage			6	1[11]
Tonsillectomy			1	
Pharyngitis	1			
Tonsillitis, acute	1			
Tonsillitis, chronic	54			
Tonsillectomy			50	
Tonsillitis, chronic and hypertrophied adenoids	17			
Tonsillectomy — adenoidectomy			17	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Tonsillitis, chronic, and hypertrophy of turbinates	1			
Tonsillectomy — amputation of lower turbinates	......	......	1	
Tumors of mouth, lip, cheek, etc.				
Cyst of face, sebaceous	1			
Incision — curettage	......	......	1	
Cyst of lip	1			
Excision	......	......	1	
Epithelioma of face	3			
Excision	......	......	2	
Epithelioma of lip	4			
Excision (excision of glands of neck 2)	......	......	4	
Lymphosarcoma of neck and tonsil	1			
Tonsillectomy	......	......	1	
SECTION XX				
DISEASES OF THE JAW, TEETH, AND GUMS				
Abscess, alveolar	5			
Extraction of molar	......	......	1	
Incision — drainage	......	......	3	
Caries of teeth	4			
Extraction of teeth	......	......	3	
Gingivitis	2			
Tumors of jaw				
Epulis	1			
Removal — cauterization	......	......	1	
Osteosarcoma	1			
SECTION XXI				
DISEASES OF THE TONGUE				
Glossitis	1			
Tuberculosis of tongue	1			
Cauterization	......	......	1	
Tumors of tongue				
Carcinoma of tongue	2			
Hemisection of tongue — excision of glands of neck	......	......	2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Carcinoma of tongue and floor of mouth	1			
Hemisection of tongue — cauterization of mouth — excision of lymph glands			1	
Epithelioma of tongue (benign)	1			
Excision			1	
SECTION XXII				
DISEASES OF THE ESOPHAGUS				
Cardiospasm	1			
Tumors of the esophagus				
Carcinoma	2			
Gastrostomy			2	
SECTION XXIII				
DISEASES OF THE STOMACH				
Cribbing (pneumophagia)	1			
Laparotomy, exploratory			1	
Gastritis, acute	1			
Gastritis, alcoholic	1			
Gastrostaxis	1			
Hematemesis	1			
Hypochlorhydria	2			
Neurosis, gastric	3			
Laparotomy, exploratory (appendicectomy, incidental)			2	
Syphilis of stomach	1			
Tumors of stomach				
Adenocarcinoma	1			
Resection of stomach			1	
Carcinoma	24	2		
Gastrojejunostomy, anterior			1	1[12]
Gastrojejunostomy, posterior			5	
Gastrostomy			2	1[13]
Laparotomy, exploratory			6	
Resection of stomach			1	
Ulcers, gastric	23	1		
Cauterization — gastrojejunostomy			1	
Gastrectomy, partial — posterior gastrojejunostomy			2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Gastrojejunostomy, posterior			1	
Transection of pylorus — posterior gastrojejunostomy			1	
Plastic on gastrojejunostomy stoma			1	1[14]
Ulcers, gastric, perforating	6	1		
Closure of ulcer			1	
Resection of ulcer			3	1[15]
Transgastric cauterization			2	

SECTION XXIV

DISEASES OF THE INTESTINES

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess about transverse colon	1			
Drainage			1	
Abscess, appendiceal	1			
Adhesions, intestinal	12			
Division of parietocolic bands			1	
Release of adhesions			6	
Appendicitis, acute	43			
Appendicectomy			40	
Appendicitis, acute with abscess	10			
Appendicectomy — drainage			10	
Appendicitis with peritonitis	15	3		
Appendicectomy — drainage			13	1[16]
Appendicectomy — enterostomy — drainage			1	1[17]
Repair of wound — replacement of intestines			1	1[18]
Appendicitis, chronic	59			
Appendicectomy			47	
Appendicitis, subacute	27			
Appendicectomy			24	
Appendicectomy — drainage of mural abscess			1	
Colitis, chronic	1			
Colitis, chronic tuberculous	2			
Ileostomy — cecostomy			1	
Colitis, ulcerative	1			
Laparotomy, exploratory			1	

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Constipation	26			
Laparotomy, exploratory (appendicectomy, incidental 1)	......	......	1	
Dilatation of duodenum	1			
Diverticulitis, sigmoid	2			
Closure of perforated diverticulum	......	......	1	
Resection of pelvic colon	......	......	1	
Colostomy — transfusion — packing old sinus	......	......	1	
Secondary repair of rectosigmoid fistula	......	......	1	
Closure of transverse colostomy	......	......	1	
Enteritis, acute	1			
Gangrene of bowel	1			
Resection of bowel — end to end anastomosis	......	......	1	
Gastroenterostomy, poorly placed	1			
Freeing — repair	......	......	1	
Impaction of feces	1			
Obstruction, acute intestinal	19	6		
Cecostomy — division of adhesions (1st stage)	......	......	1	
Closure of cecostomy (2nd stage)	......	......	1	
Colostomy	......	......	4	3[19,20,21]
Release of adhesions — repair of gastrojejunostomy — jejunostomy	......	......	1	1[22]
Release of adhesions — jejunostomy	......	......	1	1[23]
Release of obstructing band	......	......	1	
Release of obstructing band — jejunostomy	......	......	1	1[24]
Resection of bowel — end to end anastomosis	......	......	2	
Resection of ileum and cecum	......	......	1	
Rupture of intestine	1	1		
Ligation of mesenteric vessels — enterostomy	......	......	1	1[25]
Stasis, intestinal	1			
Splanchnoptosis (visceroptosis)	12			
Laparotomy, exploratory (appendicectomy, incidental 1)	......	......	2	
Tumors of the intestines				
Carcinoma of cecum	3			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Ileocolostomy			1	
Ileosigmoidostomy			1	
Carcinoma of colon	9			
Cecostomy — resection of colon			1	
Resection of cecum and ascending colon			1	
Resection of colon			5	
Carcinoma of rectosigmoid	1			
Colostomy			1	
Carcinoma of sigmoid	6	1		
Colostomy			2	
Repair of colostomy			1	
Ulcers, duodenal	20			
Gastrojejunostomy (appendicectomy, incidental 1)			11	
Pyloroplasty			1	
Transection of stomach — gastrojejunostomy			2	
Ulcers, duodenal, perforating	1			
Infolding ulcer — posterior gastrojejunostomy			1	
SECTION XXV				
DISEASES OF THE LIVER AND GALL DUCTS				
Abscess of liver	2	1		
Transpleural drainage			1	1[26]
Adhesions about gall bladder	2			
Cholecystectomy			1	
Cholangitis	1			
Cholangitis, septic	1	1		
Choledochostomy			1	1[27]
Cholecystitis, acute	4			
Cholecystectomy (appendicectomy, incidental 1)			1	
Cholecystectomy — choledochostomy			1	
Cholecystostomy — choledochostomy			1	
Cholecystotomy			1	
Cholecystitis, acute with cholelithiasis	11			
Cholecystectomy (appendicectomy, incidental 1)			7	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Cholecystectomy — choledochostomy	......	......	2	
Cholecystitis, chronic	9			
Cholecystectomy (appendicectomy, incidental 1)	......	......	9	
Cholecystitis, chronic with cholelithiasis	13			
Cholecystectomy (appendicectomy, incidental 2)	......	......	10	
Cholecystectomy — repair of bile duct	......	......	1	
Cholecystectomy — choledochostomy	......	......	2	
Cholecystitis, chronic with cholelithiasis — stone in common duct	2			
Cholecystectomy — choledochostomy	......	......	1	
Choledochostomy	......	......	1	
Cholelithiasis	44	2		
Cholecystectomy (appendicectomy, incidental 6)	......	......	20	1[28]
Cholecystectomy — choledochostomy (appendicectomy, incidental 3)	......	......	8	1[29]
Cholecystostomy (appendicectomy, incidental 1)	......	......	1	
Choledochostomy	......	......	1	
Cirrhosis of liver	3			
Laparotomy, exploratory	......	......	1	
Empyema of gall bladder	4			
Cholecystectomy — choledochostomy	......	......	1	
(Also one case included under cholecystitis with cholelithiasis)				
Obstruction of common duct	1			
Tumors of liver and gall ducts				
Carcinoma	6			
Cholecystenterostomy	......	......	1	
Laparotomy, exploratory	......	......	1	

SECTION XXVI

DISEASES OF THE PANCREAS

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Pancreatitis, acute	3	2		
Cholecystostomy	......	......	1	1[30]
Laparotomy, attempted	......	......	1	1[31]
(Also one case included under acute cholecystitis)				

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Death
Tumors of the pancreas				
Carcinoma	5	1		
Cholecystenterostomy			1	
Laparotomy, exploratory			2	

SECTION XXVII

DISEASES OF THE ABDOMEN AND PERITONEUM IN GENERAL

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Death
Ascites	1			
Hernia, epigastric	2			
Repair			2	
Femoral	8			
Repair			7	
Femoral, strangulated	3			
Repair			3	
Inguinal	149			
Repair (appendicectomy, incidental 3)			139	
Inguinal, strangulated	3	2		
Release of strangulation — repair of hernia			2	1[32]
Release of strangulation — resection of gangrenous bowel — enterostomy			1	1[33]
Internal	1	1		
Release			1	1[34]
Umbilical	2			
Repair			2	
Umbilical, strangulated	1			
Repair			1	
Ventral	17			
Repair			15	
Peritonitis	7	4		
Drainage of abdomen			4	4[35, 36, 37, 38]
Peritonitis, pelvic	7			
Hysterectomy, supravaginal			1	
Laparotomy			1	
Peritonitis, tuberculous	1	1		
Laparotomy			1	1[39]
Rupture of abdominal wall	1			
Tuberculosis of peritoneum	6			
Laparotomy, exploratory (appendicectomy, incidental 2)			3	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Tumors of abdomen and peritoneum				
Carcinoma of abdominal wall	1			
Excision	......	......	1	
Carcinoma of cecum, abdominal wall, and retroperitoneal structures	1			
Exploration	......	......	1	
Carcinoma of retroperitoneal glands	1			
Carcinomatosis, abdominal	4	1		
Laparotomy, exploratory	......	......	1	1[40]

SECTION XXVIII

DISEASES OF RECTUM AND ANUS

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess, ischiorectal	6			
Incision — drainage	......	......	5	
Incision — drainage — incision of sphincter	......	......	1	
Abscess, perirectal	3			
Incision — drainage	......	......	1	
Fissure in ano	5			
Cauterization	......	......	1	
Dilatation of sphincter	......	......	2	
Dilatation and division of sphincter	......	......	2	
Fistula in ano	21			
Excision	......	......	5	
Incision	......	......	15	
Hemorrhoids	1			
Hemorrhoids, external	5			
Cauterization	......	......	1	
Excision	......	......	4	
Hemorrhoids, external and internal	9			
Clamp and cautery	......	......	2	
Excision	......	......	7	
Hemorrhoids, internal	28			
Clamp and cautery	......	......	6	
Excision	......	......	22	
Proctitis	1			
Prolapse of rectum	2			
Excision	......	......	1	
Spasm of rectum	1			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Stricture of rectum	1			
Incision			1	
Tumors of rectum and anus				
Carcinoma	8			
Colostomy			2	
Excision — colostomy			1	
Polyp, rectal	2			
Excision			2	
SECTION XXIX				
DISEASES OF THE LARYNX				
Laryngitis, acute	2			
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Asthma	1			
Bronchiectasis	1			
Bronchitis, acute and chronic	4			
Bronchitis with emphysema	1			
SECTION XXXI				
DISEASES OF THE LUNGS				
Abscess of lung	7	1		
Resection of ribs — drainage			6	1[41]
Drainage of abscess			1	
Tuberculosis, acute miliary	1			
Tuberculosis, pulmonary	10			
SECTION XXXII				
DISEASES OF THE PLEURA AND MEDIASTINUM				
Empyema	36	5		
Resection of rib			33	5[42, 43, 44, 45, 46]
Decortication of lung			2	
Resection of rib — decortication of lung			2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Hemothorax	1			
Drainage of thoracic cavity			1	
Pleurisy	3			
Pleurisy, fibrinous	1			
Pleurisy, chronic	1			
Pleurisy, serofibrinous	3			

SECTION XXXIII

DISEASES OF THE KIDNEY AND URETER

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess, perinephric	3			
Incision — drainage			3	
Adhesions about kidney	1			
Freeing of adhesions			1	
Aplasia of kidney	1			
Calculus in ureter	3			
Cystostomy, suprapubic — removal of calculus			1	
Calculus in ureter, impacted	4			
Ureterotomy — removal of calculus			1	
Colic, ureteral	14			
Pyelotomy — exploration of kidney and ureter			1	
Hematuria	2			
Exploration			1	
Hydronephrosis	1			
Plastic on kidney pelvis			1	
Infection of kidney, acute hematogenous	1			
Nephralgia	1			
Pyelotomy — nephrotomy			1	
Pyelotomy, exploratory			1	
Nephritis, acute	2			
Nephritis, chronic	7	1		
Nephrolithiasis	16			
Nephrectomy			2	
Nephrotomy — pyelotomy			2	
Pyelotomy — removal of calculus			4	
Nephroptosis	7			
Nephropexy			3	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Nephropexy — exploration kidney (appendicectomy incidental 1)	.....	......	1	
Pyelitis	21			
Nephrectomy	......	......	1	
Pyelotomy	......	......	2	
Pyelonephritis	10			
Cystostomy, suprapubic	......	......	1	1[47]
Nephrectomy	......	......	3	
Pyonephrosis	12	2		
Nephrotomy — Drainage	......	......	1	1[48]
Nephrectomy	......	......	10	
Tuberculosis of kidney	4			
Nephrectomy	......	......	2	
Tuberculosis of ureter	2			
Excision of ureter	......	......	1	
Tumors of kidney				
Cyst	1			
Uremia, acute	3			
SECTION XXXIV				
DISEASES OF THE BLADDER				
Adhesions, perivesical	1			
Release of adhesions	......	......	1	
Calculus	5			
Cystostomy, suprapubic — removal of calculus	......	......	3	
Litholopaxy	......	......	2	
Cystitis	1			
Cystitis, acute	3			
Cystitis, chronic	7			
Cystitis, gangrenous	1			
Cystitis, tuberculous	1			
Diverticulum of bladder	4			
Cystotomy, suprapubic — excision of diverticulum	......	......	1	
Excision of diverticulum	......	......	2	
Fistula, urinary	2			
Frequent micturition	1			
Incontinence of urine	4			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Cystostomy, suprapubic — suture of bladder outlet — dissection of portion of urethra	......	......	1	
Reefing of vesicle sphincter	......	......	1	
Retention of urine	4			
Cystostomy, suprapubic	......	......	1	
Tuberculosis of bladder	2			
Tumors of bladder				
Carcinoma	11	2		
Cystostomy, suprapubic — resection of bladder wall	......	......	1	
Cystotomy, suprapubic — cauterization	......	......	2	1[49]
Cystotomy, suprapubic — excision of tumor (1st stage)	......	......	1	
Cystotomy, suprapubic — cauterization (2nd stage)	......	......	1	
Excision	......	......	1	
Resection of bladder	......	......	1	1[50]
Resection of bladder — excision of multiple areas of malignancy	......	......	1	
Hypernephroma	2			
Nephrectomy	......	......	1	
Papilloma	3			
Cystostomy, suprapubic — excision of tumor	......	......	1	
Cystostomy, suprapubic — resection of bladder	......	......	1	

SECTION XXXV

DISEASES OF THE URETHRA (MALE AND FEMALE)

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess, periurethral	2			
Incision — drainage	......	......	2	
Fistula, recto-urethral	1	1		
Cystotomy, suprapubic — repair of fistula	......	......	1	1[51]
Foreign body in urethra	1			
Removal	......	......	1	
Stricture of urethra	12	1		
Urethrotomy	......	......	8	1[52]

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Urethrotomy — suprapubic			1	
Urethrotomy — suprapubic cystotomy — retrograde catheterization			1	
Instrumentation			1	
Urethritis, acute	1			
Urethritis, chronic	1			
Urethritis, gonorrheal, acute and chronic	5			

SECTION XXXVI

DISEASES OF THE MALE GENERATIVE ORGANS

A. General

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Sterility	2			
Injection of vas deferens			1	
Puncture of vas deferens — vasotomy			1	

B. Penis

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Balanitis	1			
Phimosis	1			
Dorsal incision of prepuce			1	
Redundant prepuce	10			
Circumcision			10	
Tumors of penis				
Epithelioma	1			
Partial amputation of penis — partial dissection of inguinal glands			1	
Venereal warts	1			
Excision			1	

C. Prostate

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess, prostatic	2			
Incision — drainage			1	
Hypertrophy of prostate	40	4		
Cystotomy, suprapubic			1	1[53]
Cystotomy, suprapubic — prostatectomy, perineal			1	
Cystotomy, suprapubic, — prostatectomy, suprapubic			6	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Prostatectomy, partial (punch operation)			1	
Prostatectomy, partial, suprapubic			6	
Prostatectomy, perineal			8	1[54]
Prostatectomy, suprapubic			7	2[55, 56]
Prostatitis	5			
Prostatitis, acute gonorrheal	2			
Tumors of the prostate				
Carcinoma	5	3		
Cystotomy, suprapubic			1	1[57]
Cystotomy, suprapubic (1st stage)			1	
Prostatectomy, partial, suprapubic (2nd stage)			1	
Secondary closure (3rd stage)			1	1[58]
Prostatectomy, partial perineal			1	1[59]
Prostatectomy, partial, suprapubic			1	
Lympho-blastoma of prostatic urethra	1			
Exploration of bladder and prostate			1	
D. SEMINAL VESICLES				
Tuberculosis of seminal vesicle and epididymis	1			
Vesiculectomy — vasectomy — epididymectomy			1	
Vesiculitis, gonorrheal	1			
Vesiculectomy, bilateral			1	
E. SCROTUM				
Hematocele	1			
Drainage			1	
Hematoma of scrotum	1			
Incision — evacuation			1	
Hydrocele	11			
Excision of sac			9	
Inversion of sac			2	
Spermatocele	1			
Excision			1	
Wens, scrotal	1			
Excision			1	
F. TESTICLE				
Epididymitis, acute	4			
Epididymitis, acute gonorrheal	7			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Epididymitis, chronic	1			
Epididymectomy	......	......	1	
Epididymitis, tuberculous	1			
Epididymectomy	......	......	1	
Sinus in testicle	1			
Tuberculosis of testicle and epididymis	1			
Orchidectomy	......	......	1	

SECTION XXXVII

DISEASES OF THE FEMALE GENERATIVE ORGANS

A. Vulva

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess of Bartholin's gland	1			
Excision of gland	......	......	1	
Tumors of vulva				
Carcinoma	1			
Ulcers of vulva	1			
Cauterization	......	......	1	

B. Vagina

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Abscess of vagina	1			
Incision — drainage	......	......	1	
Congenital cervico-vaginal band	1			
Division of band	......	......	1	
Cystocele	1			
Colporrhaphy, anterior	......	......	1	
Cystocele and rectocele	4			
Colporrhaphy, anterior and posterior	......	......	1	
Colporrhaphy, anterior and posterior — trachelorrhaphy (appendicectomy, incidental 1)	......	......	1	
(Also one case included under prolapse of uterus, and one case included under procidentia)				
Rectocele	1			
Perineal repair	......	......	1	
Vaginismus	1			
Plastic on vagina	......	......	1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Tumors of the vagina				
Carcinoma	3			
Cyst, dermoid of vaginal wall	1			
Excision of cyst — suprapubic cystotomy	......	......	1	
C. Uterus				
Anteversion of uterus	1			
Suspension of uterus	......	......	1	
Endocervicitis	4			
Dilatation and curettage	......	......	3	
Endocervicitis, gonorrheal	4			
Dilatation and curettage	......	......	2	
Curettage — cauterization of cervix	......	......	1	
Endometritis, chronic	10			
Dilatation and curettage	......	......	8	
Endometritis, gonorrheal	1			
Laparotomy, exploratory — dilatation and curettage (appendicectomy, incidental 1)	......	......	1	
Endometritis, hyperplastic	2			
Dilatation and curettage	......	......	2	
Hypertrophy of cervix	2			
Amputation of cervix	......	......	2	
Metrorrhagia	4			
Dilatation and curettage	......	......	1	
Hysterectomy	......	......	1	
Procidentia	7			
Amputation of cervix — perineorrhaphy — salpingectomy — supravaginal hysterectomy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Colporrhaphy — supravaginal hysterectomy — salpingo-oöphorectomy — fixation of cervix (appendicectomy, incidental 1)	......	......	1	
Hysterectomy, vaginal	......	......	1	
Supravaginal hysterectomy — salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Ventral fixation	......	......	1	
Ventral suspension — perineorrhaphy (appendicectomy, incidental 1)	......	......	1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Prolapse of uterus	9			
Colporrhaphy — supravaginal hysterectomy — salpingectomy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Colporrhaphy — trachelorrhaphy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Dilatation and curettage — ventral suspension	......	......	1	
Perineorrhaphy — trachelorrhaphy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Ventral fixation (appendicectomy, incidental 1)	......	......	3	
Retroversion of uterus	38			
Dilatation and curettage — trachelorrhaphy — ventral suspension	......	......	1	
Ventral fixation of uterus	......	......	1	
Ventral suspension (appendicectomy, incidental 12)	......	......	19	
Ventral suspension, dilatation and curettage (appendicectomy, incidental 4)	......	......	9	
Hysterectomy — salpingo-oöphorectomy (appendicectomy, incidental 1)	......	......	1	
Hysterectomy, supravaginal	......	......	1	
Tumors of uterus				
Adenoma	1			
Hysterectomy — salpingo-oöphorectomy (appendicectomy, incidental 1)	......	......	1	
Adenocarcinoma	1			
Panhysterectomy	......	......	1	
Carcinoma of cervix	7			
Cauterization (1st stage)	......	......	1	
Panhysterectomy (2nd stage)	......	......	1	
Panhysterectomy (appendicectomy, incidental 1)	......	......	1	
Carcinoma of uterus	7	1		
Hysterectomy (appendicectomy, incidental 1)	......	......	2	1[60]
Hysterectomy — salpingectomy	......	......	1	
Hysterectomy — salpingo-oöphorectomy	......	......	1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Fibromyoma	41	1		
Hysterectomy			5	
Hysterectomy — salpingectomy (appendicectomy, incidental 5)			5	
Hysterectomy — salpingo-oöphorectomy (appendicectomy, incidental 12)			21	1[61]
Hysterectomy — salpingo-oöphorectomy — ventral suspension of cervix — perineorrhaphy			1	
Myomectomy (appendicectomy, incidental 2)			6	
Myomectomy — ventral suspension (appendicectomy, incidental 1)			1	
Polyp, cervical	3			
Excision			3	
D. Fallopian Tubes				
Abscess, pelvic	1			
Vaginal drainage			1	
Hematosalpinx	1			
Salpingectomy			1	
Hydrosalpinx	10			
Salpingectomy			1	
Salpingectomy — ventral suspension (appendicectomy, incidental 2)			2	
Salpingo-oöphorectomy (appendicectomy, incidental 1)			2	
(Also one case included under chronic salpingitis, and one case included under extra-uterine pregnancy)				
Pyosalpinx	16			
Dilatation and curettage — salpingo-oöphorectomy (appendicectomy, incidental 2)			3	
Dilatation and curettage — salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 7)			7	
Hysterectomy — salpingo-oöphorectomy (appendicectomy, incidental 1)			1	
Salpingectomy (appendicectomy, incidental 1)			1	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Salpingectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
Salpingo-oöphorectomy (appendicectomy, incidental 1)	.....	.....	2	
Salpingitis, acute	5			
Salpingo-oöphorectomy	.....	.....	2	
Salpingitis, chronic	14			
Dilatation and curettage — salpingectomy	.....	.....	1	
Hysterectomy — salpingo-oöphorectomy	.....	.....	1	
Salpingectomy (appendicectomy, incidental 2)	.....	.....	3	
Separation of pelvic adhesions — salpingo-oöphorectomy	.....	.....	1	
Salpingo-oöphorectomy (appendicectomy, incidental 3)	.....	.....	5	
Salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	2	
Salpingitis, gonorrheal	4			
Dilatation and curettage — salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	.....	.....	1	
Salpingitis, tuberculous	3			
Salpingo-oöphorectomy (appendicectomy, incidental 2)	.....	.....	2	
E. Ovary				
Abscess, tubo-ovarian	18			
Dilatation and curettage — salpingo-oöphorectomy (appendicectomy, incidental 1)	.....	.....	1	
Salpingo-oöphorectomy (appendicectomy, incidental 1)	.....	.....	1	
(*Also fourteen cases included under pyosalpinx, one case included under chronic salpingitis, and one case under gonorrheal salpingitis*)				
Adhesions, pelvic	4			
Release of adhesions	.....	.....	2	
Oöphoritis	1			
Tumors of the ovary				
Carcinoma	1			
Laparotomy, exploratory	.....	.....	1	

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Cyst	27			
Oöphorectomy	......	......	3	
Oöphorectomy — ventral fixation (appendicectomy, incidental 1)	......	......	1	
Oöphorectomy — ventral suspension (appendicectomy, incidental 1)	......	......	2	
Removal (appendicectomy, incidental 2)	......	......	11	
Removal — hysterectomy	......	......	1	
Removal — salpingectomy	......	......	1	
Removal — ventral suspension (appendicectomy, incidental 1)	......	......	2	
Salpingo-oöphorectomy (appendicectomy, incidental)	......	......	2	
Cyst, dermoid	1			
Removal	......	......	1	
F. GENERAL AND FUNCTIONAL				
Dysmenorrhea	4			
Dilatation of cervix	......	......	1	
Dilatation and curettage	......	......	1	
Menopause	5			
Dilatation and curettage	......	......	1	
Menorrhagia	4			
Dilatation and curettage	......	......	3	
Sterility	3			
Dilatation and curettage	......	......	2	
(*Also one case included under retroversion*)				
G. BREAST				
Mastitis, acute suppurative	1			
Excision of breast and axillary glands	......	......	1	
Mastitis, chronic	2			
Excision of breast	......	......	2	
Mastitis, chronic cystic	5			
Plastic excision, partial	......	......	2	
Resection, partial	......	......	1	
Tumors of breast				
Adenocystoma	1			
Excision	......	......	1	
Adenofibroma	3			

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Excision	......	......	2	
Resection, plastic	......	......	1	
Carcinoma	25			
Excision of breast and axillary glands (skin graft 1)	......	......	20	
Cyst	2			
Excision	......	......	2	
Fibro-adenoma	1			
Excision of tumor	......	......	1	
Hematoma	1			

SECTION XXXVIII

PUERPERAL STATE

Diseases and Conditions	Diagnoses Total	Diagnoses Deaths	Operations Total	Operations Deaths
Abortion, threatened	2			
Abscess, mammary	1			
Multiple incision — drainage	......	......	1	
Lacerated cervix	14			
Trachelorrhaphy	......	......	11	
(Also one case included under uterine prolapse and one under retroversion)				
Lacerated perineum	7			
Perineorrhaphy	......	......	5	
(Also one case included under uterine prolapse and one under fibromyoma of uterus)				
Mastitis, acute	1			
Miscarriage	27			
Dilatation and curettage	......	......	23	
Parturition	2			
Pregnancy	12			
Laparotomy, exploratory	......	......	1	
Pregnancy, extra-uterine	8			
Dilatation and curettage — salpingectomy (appendicectomy, incidental 1)	......	......	1	
Dilatation and curettage — salpingo-oöphorectomy — ventral suspension (appendicectomy, incidental 1)	......	......	1	
Salpingectomy (appendicectomy, incidental 2)	......	......	2	

Diseases and Conditions	Diagnoses		Operations	
	Total	Deaths	Total	Deaths
Salpingectomy — ventral suspension (appendicectomy, incidental 2)	......	......	2	
Salpingo-oöphorectomy (appendicectomy, incidental 1)	......	......	1	
Subinvolution	1			
SECTION XXXIX				
ILL-DEFINED OR UNCLASSIFIED DISEASES				
Fever, cause unknown	2			
Hemophilia	2			
Hemorrhage	2			
Hemorrhage, internal	1	1		
Hemorrhage, postoperative	2			
Malingerer	1			
Myalgia	2			
No disease	4			
Normal nursing infant	2			
Operation wound (eleven postoperative cases from Chelsea Naval Hospital admitted as a war measure)	14			
Polyserositis	1			
Purpura, (joint and intestinal symptoms)	1			
Shock	1			
Sudden death (employee, found dead)	1	1		
	2,315	71	1,474	61

Summary of Statistics

JANUARY 1, 1918, TO JANUARY 1, 1919

Total number of surgical admissions in 1918	1,777	
Total number of cases remaining in the wards Jan. 1, 1918	87	
		1,864
Total number of surgical cases discharged, including 34 cases transferred to Medical Service	1,714	
Total number of deaths	71	
(*Post-operative*, 61 — *Non-operative*, 10 — *total*, 71)		
	1,785	
Total number of surgical cases remaining in the wards Jan. 1, 1919	79	
		1,864
Total number of operations		1,474
Incidental operations		116
Total		1,590

Fatalities

1. Amputation of Left Leg for Diabetic Gangrene — Acidosis. Condition almost Terminal. 8833.

Female, 74 years. Referred to the hospital as an emergency case for rapidly spreading gangrene of the leg of nine weeks' duration. A widow, no children. Gives a history of marked diabetes for six years. History also of having had many furuncles, ulcers, and several attacks of erysipelas in the left foot and leg. History of ulceration of the fourth toe of left foot about nine weeks ago, gradually becoming better under local applications by her physician. About twelve days before admission the whole lower foot became discolored, markedly swollen, and painful. Was finally referred to the Medical Service and was seen in consultation by the Surgical Service, when a very rapidly spreading gangrene of the leg was diagnosed and an immediate operation advised. Placed on the dangerous list. Patient had had a large amount of sugar in her urine and acetone and diacetic acid were present. Operation under gas-oxygen anesthesia, amputation of left leg for extensive diabetic gangrene. Patient was practically in stupor; only a small amount of gas-oxgyen was required. Amputation under a tourniquet; very little bleeding, vessels were all sclerotic. Wound left wide open. Patient did not rally after operation; died in about an hour.

Autopsy: None permitted.

2. Excision of Varicose Veins. 8369.

Male, 62 years. Excision of varicose veins of right leg three years ago. Returned for relief of threatened ulcer of left leg. General examination negative; under ether anesthesia the internal saphenous system was removed by stripping and dissection. Death on the seventeenth day apparently from deep femoral thrombosis, sepsis, and probable multiple emboli.

Autopsy: None permitted.

3. Subtemporal Decompression for Brain Tumor. 8117.

Female, 51 years. Of psychopathic tendency for years; had shown mental deterioration for five or six years; lately had had occipital headache, failing vision, attacks of unconsciousness, vomiting. Examination showed choked disc, paralysis of right sixth nerve, weakness of right side of body, astereognosis. Diagnosis: probable left parietal glioma. Under ether anesthesia a right subtemporal decompression was done, disclosing a tense bulging brain. Patient made an operative recovery, but rapidly progressing mental and physical deterioration made further exploration, as planned, inadvisable. Death in six weeks.

Autopsy: Showed glioma of left hemisphere, parietal region.

4. Right Subtemporal Decompression for Brain Tumor — Emergency Case. 8645.

Male, 35 years. Symptoms mainly those of occipital headache, slight facial paralysis with convulsive attacks starting in the left finger and going up the arm, of about a year's duration. While being examined on the Medical Service respirations ceased and had to be kept up by artificial means. Was finally taken to the operating room, and while artificial respiration was kept up and without any anesthesia, as patient was perfectly unconscious, a right subtemporal decompression was done, finding a perfectly dry brain with marked bulging and flattening of the convolutions. No definite tumor seen, although on palpation it gave one the impression of being in the posterior part of the parietal lobe. Artificial respiration was kept up for about seven and one-half hours, patient dying without regaining consciousness.

Autopsy: Showed a large glioma with cystic degeneration in the right cerebral hemisphere with softening of the floor of the fourth ventricle to walls of third ventricle and adjacent structures.

5. Cerebellar Decompression — Partial Removal of Glioma of Left Cerebellar Hemisphere. 7999.

Male, 12 years. A reëntry case, which was in the hospital about a year previously for symptoms suggestive either of cerebellar tumor or possibly a pituitary struma. No operation at that time. Symptoms on admission time were those of severe headache, frontal, of four years' duration, most marked in the last six months; marked vomiting, projectile in character; complete blindness in both eyes; staggering, inability to walk, symptoms leading to a diagnosis of cerebellar tumor. Operation — cerebellar exploration, ether anesthesia. Unusually good exposure, moderate amount of bleeding, puncture of ventricle for relief of tension, evidently a large internal hydrocephalus. A large, subcortical glioma in the left cerebellar lobe, almost complete enucleation. Fairly good ether recovery. Sudden death about eight hours after operation before definite aid could reach him.

Autopsy: Partial removal of glioma of left cerebellum.

6. Avulsion of Sensory Root of Gasserian Ganglion, Right, for Trigeminal Neuralgia — Post Operative Pneumonia. 9040.

Male, 73 years. Typical symptoms of trigeminal neuralgia, right major, all branches being involved, of four years' duration. Had had several previous alcohol injections and resection of supra-orbital nerve without any definite relief. For the last few months patient had been under morphia almost continuously. Examination showed a feeble man, mental condition one of disorientation. Excruciatingly painful attacks of trigeminal neuralgia. Marked arteriosclerosis. Diagnosis: severe trifacial neuralgia, right. Patient a very poor risk. Operated on under ether anesthesia with avulsion of sensory root of right Gasserian ganglion. No special difficulty. Complete avulsion. Following operation, definite signs of lobar pneumonia, extending to both lungs, leading to death in ten days.

Autopsy: Bilateral bronchopneumonia; chronic nephritis; myocarditis; old chronic peritonitis; healed apical tuberculosis.

7. Exploration of Depressed Fracture of Skull. 8028.

Female, 31 years. Patient suffered a compound depressed fracture of skull in a street accident an hour before admission. She was conscious, disoriented, in shock; rectal temperature 96°, blood pressure 80 systolic, 45 diastolic. Under light ether anesthesia the depressed fragments were raised, loose ones removed, wound cleaned, and the absence of any subdural hemorrhage demonstrated; at the same time measures to combat shock were taken. Rallied from the operation, but became unconscious and died in about thirty-six hours.

Autopsy: None permitted.

8. Right Subtemporal Decompression for Intracranial Hemorrhage — Fractured Skull. 8447.

Male, 60 years. Brought into the hospital by police ambulance for injury to head, having fallen down a flight of stairs on a concrete floor. Bleeding from right ear; no definite localizing symptoms on admission. Eye grounds could not be seen on account of double cataract. Small amount of blood in cerebrospinal fluid. X-rays showed nothing to suggest fracture. About twenty-four hours after injury began to be drowsy, with increase in temperature to 102°. Right subtemporal decompression done, no definite blood clot found, but bloody cerebrospinal fluid coming up from the base of the brain. Protective drain down to the base. Patient's temperature persisted for two days, patient never becoming conscious. Died the second day after operation. Made a Medico-legal case.

Medico-legal diagnosis: fracture of skull, base, with intracranial injury.

9. Right Subtemporal Decompression — Emergency Case — For Fractured Skull, Intracranial Hemorrhage. 9355

Male, 59 years. Heavy, obese man brought to the hospital as an emergency case, about six hours after head injury, in an entirely unconscious condition, marked Cheyne-Stokes respiration. Impossible to arouse him by any means. Superficial contusion on right side of head at fronto-parietal vertex. Eye grounds show edematous discs. Lumbar puncture showed bloody cerebrospinal fluid. While under examination respiration ceased entirely and had to be kept up by artificial means. Immediate right subtemporal decompression done under novocaine, patient being absolutely unconscious, while respiration was kept up by artificial means. Large subdural blood clot and marked injury to brain substance. Never regained consciousness. Died an hour and a half after operation. Made a Medico-legal case.

Medico-legal diagnosis: fracture of skull with associated intracranial injuries.

10. Left Subtemporal Decompression for Fractured Skull and Contusion to Brain. 9422.

Male, 4 years. Patient, a small boy of four, was brought to the hospital as an emergency case with injury to skull from falling two to three stories off a porch to the stone pavement. When brought in he was perfectly unconscious, respirations of the Cheyne-Stokes variety. There was a huge hematoma on the left side of the skull which had gravitated down toward the neck and toward the right side of the face. The whole top of the skull seemed to be loose. Immediate X-ray showed a fracture running around the skull on both sides. Lumbar puncture showed bloody cerebrospinal fluid. Diagnosis of fractured skull: and cerebral hemorrhage made and immediate operation advised. No anesthesia was necessary, as the patient was entirely unconscious. Right subtemporal decompression was done. Cerebrospinal fluid was almost entirely blood and blood clots were coming up from base of the skull. The upper part of the skull was entirely loose, there being complete fracture encircling the whole skull. Whole brain was red and contused. One protective drain put down, closure done. Most of the operation was done under artificial respiration. Patient died about half an hour after operation. Case made Medico-legal.

Medico-legal diagnosis: fracture of the skull with associated intracranial injury.

11. Incision of Peritonsillar Abscess. 9676.

Male, 17 years. Complaining of sore throat of five days' duration. On admission, temperature was 100°, pulse 90, respirations 25, leucocytosis 25,000, condition good. Left peritonsillar tissues were edematous, swollen, and tender, and after swabbing with cocaine solution the abscess was incised and a small amount of pus obtained. Five hours later patient was noted sitting up in bed and reading a paper. At some time within the next five hours patient became cyanotic, stuporous, dyspneic and then comatose; respirations later became Cheyne-Stokes in character, and artificial respiration had to be resorted to by insufflation through an intratracheal tube. This was continued for twenty-two hours until the patient's death. Temperature reached 106°. Reflexes on left were slightly increased with ankle clonus and Babinski. Fundi and spinal fluid normal.

Autopsy: None permitted.

12. Anterior Gastroenterostomy for Inoperable Carcinoma of the Stomach — Perforation of the Stomach through Malignant Area with Peritonitis. 9446.

Male, 62 years. Referred from the Medical Service, where he had been under observation for pain in the abdomen, gradual loss in weight, marked constipation of about two months' duration. General health as a rule has been good, with the exception that during the last eight to ten years he has had more or less epigastric discomfort, feeling of distress after meals, belching of gas. During the last two months these symptoms have become more markedly aggravated. No history of vomiting, no blood in stools. Was finally referred into the hospital, to the Medical Service for observation. Had been studied on the Medical Service, where radiographs of the stomach showed a large defect involving the middle portion of the stomach. Was finally referred to the Surgical Service for exploration. Ether anesthesia proceeded smoothly; operative findings were mainly those of a perfectly huge carcinoma of the stomach, occupying the lesser curvature and the posterior surfaces, extending almost up to the cardia. There were many masses in the mesocolon and along the spine indicative of metastasis. The pylorus was only moderately encroached upon. Carcinoma was so posterior and stomach so tied down that a posterior gastroenterostomy was out of the question and an anterior gastroenterostomy was done by the usual method. Uneventful convalescence until on the third day, when the patient had a sudden attack of pain in the abdomen, followed by nausea and vomiting. Pulse failed; patient became dyspneic and died in about three hours.

Autopsy: Showed a good working anterior gastroenterostomy, perforation of the stomach posteriorly through the malignancy into the lesser peritoneal cavity and beginning peritonitis.

13. GASTROSTOMY FOR INOPERABLE CARCINOMA OF STOMACH. 9046.

Male, 57 years. Giving history of four months of progressive dysphagia and loss of weight, and persistent jaundice for several weeks, associated with pain in upper abdomen and a doubtfully palpable mass. Radiographs were inconclusive; general condition warranted an exploration under ether, which showed extensive carcinoma of the fundus of the stomach and the cardia, with local metastases, but none evident in the liver. A Witzel gastrostomy was done. Patient made a good recovery from the anesthetic, but developed diffuse bronchopneumonia and died on the third day.

Autopsy: None permitted.

14. TRANSECTION OF PYLORUS, POSTERIOR GASTROJEJUNOSTOMY FOR GASTRIC ULCER — SECONDARY PLASTIC OPERATION ON STOMA. 9477.

Male, 54 years. With a typical history of pyloric ulcer of nine years' duration. Recent exacerbation severe, with persistent pain, vomiting, and loss of weight. Under ether anesthesia the antrum was transected proximal to a very large posterior perforating ulcer near the pylorus, the sectioned viscera closed with suture, and a posterior no-loop gastrojejunostomy done. On account of extensive adhesions and obliteration of the lesser peritoneal sac, the operation was long and bloody. Immediate convalescence marked by vomiting of blood, later by persistent biliary vomitus. Five days after operation the patient was transfused with 800 c.c. of blood from his son, the wound reopened under gas-oxygen anesthesia, and although no obvious mechanical fault was found, the stoma was enlarged and resutured. Patient rallied well and seemed better, but the stoma failed to drain, vomiting persisted, and death occurred two days later from symptoms resembling a high ileus. Examination through the operative wound showed no peritonitis and no technical fault.

15. RESECTION OF MEDIA OF STOMACH FOR POSTERIOR BLEEDING GASTRIC ULCER. 8005.

Male, 60 years. Suggestive ulcer history for one and a half years. Twelve days before admission, began to have acute upper abdominal pain with nausea and tarry stools. On day of admission he had a "dizzy spell" and vomited a large amount of blood, and all food was withheld and fluid supplied by hypodermo and proctoclysis. On the second day two more severe hemorrhages occurred, pulse 120, erythrocytes 1,000,000. Under ether and novocaine infiltration anesthesia the abdomen was explored, a posterior perforating ulcer of the stomach was dissected from pancreas, the middle portion of the stomach containing the ulcer was resected, and the stomach restored by suitable end to end anastomosis. A bleeding vessel from the pancreas at the point of invasion by the ulcer was tied. A transfusion was done simultaneously. Patient rallied imperfectly and died two days later.

Autopsy: Showed acute peritonitis, but no gross point of leakage; chronic aortic endocarditis, chronic nephritis and pleuritis.

16. Appendicectomy — Abdominal Drainage for Acute Appendicitis with General Peritonitis. 8729.

Female, 23 years. Referred into the hospital as an emergency case for lower abdominal pain of seven to eight days' duration. Previous history unimportant as far as present illness is concerned. Patient's symptoms those of seven or eight days' duration, beginning with sudden, sharp attack of pain in the lower abdomen, localizing in the right lower quadrant, followed by nausea and marked vomiting. On the third day the abdominal tenderness was extremely severe. Diagnosis of acute appendicitis or gastric ulcer made by her physician three days after onset of illness and removal to the hospital absolutely refused by her parents. Finally on the eighth day she was sent into the hospital. Condition almost terminal, temperature 102.6°, pulse 120, respirations 24. Abdomen extremely distended, board-like rigidity, marked shifting dullness. Diagnosis of advanced peritonitis from ruptured appendix made and immediate operation advised. Patient placed on the danger list. Operation — appendicectomy under light ether anesthesia. Abdomen entirely filled with pus, all bowel matted together by fibrinous exudate. Appendix gangrenous, ruptured near the base. Simple appendicectomy done, no attempt to invert the stump. Abdominal drainage by tube and cigarette drains. Patient placed in Fowler's position, subpectoral and rectal saline given, prognosis extremely poor. Patient rallied somewhat after the operation but wound discharged a large amount of pus. Died on the fourteenth day after operation.

Autopsy: None permitted.

17. Appendicectomy, Drainage of Peritoneum, Enterostomy. 9597.

Female, 76 years. Feeble, with a history of an acute abdominal attack of six days' duration, characterized by pain, vomiting, and constipation. Abdomen distended, tympanitic, slightly tender, with moderate spasm; temperature normal, leucocytosis 30,000. Diagnosis: intestinal obstruction probably due to neoplasm; operation refused until the day after admission, when under gas-oxygen anesthesia a very diffuse non-limited peritonitis was found, a gangrenous appendix removed, drainage established, and a glass enterostomy tube secured in the terminal ileum. The enterostomy drained satisfactorily, but the patient died of general exhaustion fourteen days later.

Autopsy: None permitted.

18. Appendicectomy, Peritoneal Drainage for Diffuse Peritonitis. 8065.

Male, 23 years. History of seven days of acute abdominal pain, with "chills and fever" and diarrhœa, no vomiting. Examination showed somewhat distended abdomen, dull to percussion, tender and spastic over entire right side. Liver apparently enlarged, scleræ yellow. Temperature 103°, pulse 100, white count 34,000, blood pressure normal. Diagnosis: acute cholecystitis or appendicitis. Under ether anesthesia a gangrenous appendix was removed from the pelvis and a collection of pus evacuated and drained. There was some diffuse peritonitis; liver markedly enlarged. During following week patient developed signs in the right lung, became very toxic and irrational, and had daily chills with very high temperature. On the seventh day, while straining with a chill and coughing, he extruded a loop of small bowel and some omentum from the wound. Within an hour ether had been administered, the viscera cleansed and replaced, and wound closed with silver wire. No residual abscess was found, drainage seemed adequate, and peritonitis was apparently abated. Patient continued to have chills and persistent diarrhœa; wound very foul. On the ninth day after the second closure his temperature rose to 105°, there was a copious hemorrhagic vomitus with rapid failure and death.

Autopsy: None permitted.

19. Exploratory Laparotomy and Colostomy for Acute Intestinal Obstruction, Carcinoma of Sigmoid. 9008.

Male, 54 years. Obese; admitted at midnight with a history of increasing constipation for three months, with intermittent diarrhœa and bloody stools. No bowel movement or passage of gas for three days; on the morning of admission severe abdominal pain and persistent vomiting began. Patient was dyspneic, subcyanotic, exhausted, and somewhat disoriented, abdomen distended and tender. Immediate operation under gas-oxygen anesthesia showed inoperable carcinoma of rectosigmoid. A colostomy was done. Patient was wildly delirious from the moment he recovered consciousness, and died of exhaustion in eighteen hours.

Autopsy: None permitted.

20. Exploratory Laparotomy — Colostomy for Acute Intestinal Obstruction — Carcinoma of Rectosigmoid. 9401.

Female, 51 years. Referred to the hospital for abdominal distention, increasing constipation of about four or five days' duration. A married woman; general health had been good. There was a history of previous operation some twelve years ago, when appendix and right ovary were supposed to have been removed. Six weeks before admission patient had pneumonia, which incapacitated her for four weeks. Since then there had been increasing constipation, until four days ago there was absolute constipation in spite of catharsis ordered by her physician. There had been no nausea, no vomiting; no special discomfort except some distention and inability to have bowel movements. On admission patient seemed to be in fairly good condition. Abdomen was not markedly distended; there was no abdominal fluid, no pain, no masses made out. On repeated enemata there was a fair gas result and small fecal particles with considerable relief of the moderate distention. Owing to moderate increase in distention during the last twenty-four hours it was decided to do an exploration. Operation under ether — exploratory laparotomy, intestinal obstruction, carcinoma of the rectosigmoid, colostomy. Findings those of adhesions around the region of the appendix operation and a mass at the rectosigmoid, hard, firm, and adherent to the surrounding walls, so adherent that it was absolutely impossible to bring it up into view. It was definitely carcinoma. No definite nodules felt in the liver. Colostomy done through an incision made in the left rectus, a loop of distended colon being brought out. Ether recovery was good. Patient's pulse, however, became very poor, cyanosis developed, and the patient died some thirty hours after operation.

Autopsy: None permitted.

21. Colostomy under Novocaine for Acute Intestinal Obstruction — Carcinoma of the Sigmoid, Perforated; General Peritonitis. 8188.

Female, 57 years. Transferred from the Medical Service, to which she had been admitted, complaining of upper abdominal pain and distention of seven to eight days' duration. A married woman, several children. General health always good. Present illness characterized by severe abdominal pain in lower abdomen, followed by abdominal distention, complete constipation, no bowel movements nor passage of gas, marked nausea and vomiting. History of somewhat similar attack about a year ago which cleared under enemata ordered by her physician. Referred to the hospital for question of ascites. On admission patient was in extremely poor condition. Temperature 101°, pulse 120, white count 13,000. Abdomen enormously distended, distention not yielding to enemata. Marked nausea and vomiting of fecal material. Diagnosis of intestinal obstruction due to malignancy made and immediate operation advised. Patient operated on under novocaine anesthesia, a few whiffs of ether being required to get good relaxation. Small amount of free fluid, purulent, due to perforation of the sigmoid, due to acute intestinal obstruction from carcinoma. Glass-tube colostomy done, giving out a large amount of liquid feces and gas. Drainage of abdomen. Patient placed on the danger list. Patient immediately became drowsy and delirious after the operation; vomiting continued in spite of colostomy. Died on the third day.

Autopsy: Showed general peritonitis; perforation of rectum due to carcinoma of sigmoid.

22. Closure of Gastrojejunal Stoma for Pernicious Vomiting–Jejunostomy. 8016.

Male, 52 years. Two and one half years ago at this hospital a chronic indurated gastric ulcer was excised and a posterior gastrojejunostomy done, a chronic duodenal ulcer being also noted; good recovery and marked relief of symptoms. Ten months ago, readmission for acute hematemosis, relieved by rest and diet. Later, annoying vomiting. Well functioning stoma shown by X-ray. Exploratory laparotomy January 18, 1918, with negative findings; condition of stomach, pylorus, and stoma satisfactory except for adhesions, which were separated. Persistent gastric and biliary vomiting, rapid loss of weight and strength. January 31, abdomen reopened with negative findings except for considerable scar thickening of mesocolon in region of stoma, not affecting it but possibly crippling the duodenum proximally. The gastrojejunostomy was freed, each viscus repaired, a Witzel jejunostomy done twelve inches distally to insure nutrition. Patient seemingly stood the operation well, and vomiting ceased, but died of exhaustion three days later.

Autopsy: None permitted.

23. Exploratory Laparotomy and Enterostomy for Acute Intestinal Obstruction. 8221.

Female, 20 years. Operation for acute appendicitis four weeks ago; convalescence not remarkable. Epigastric pain began three days before present admission, with persistent nausea, vomiting, constipation. Diagnosis of intestinal obstruction of unknown origin was made; operation advised and refused for four days, when consent was given. Exploration under light ether anesthesia showed a dense mass of adhesions of the small intestine and omentum. Adhesions were separated and a glass drainage tube secured in the terminal ileum. Death from exhaustion and ileus on the fifth day.

Autopsy: None permitted.

24. Enterostomy for Acute Intestinal Obstruction — Post-Operative Band. 8944.

Female, 44 years. An obese, heavy-set woman, referred to the hospital as an emergency case for sudden severe abdominal pain and vomiting of thirty-six hours' duration. A married woman, four children. Operated on twelve years ago for ruptured extra-uterine pregnancy, and some four years later for a ventral hernia operation which evidently was unsuccessful, the ventral hernia becoming larger to date. Thirty-six hours before admission while doing her housework, she had a sudden attack of severe lower abdominal pain followed by nausea and vomiting, absolute constipation; vomiting becoming more and more fecal in character. Finally referred to the hospital. On admission temperature was 99.4°, pulse 88, respirations 26, white count 22,000. Physical examination showed marked abdominal distention, large ventral hernia without any strangulated or incarcerated loop of bowel. Abdomen quite tender — shifting fluid. Repeated enemata ineffectual for either feces or flatus. Immediate operation advised. Operated on under gas-oxygen anesthesia. Mid-line incision made, collapsed and distended small intestine seen. Considerable abdominal fluid. Obstruction caused by band running from the uterus toward the root of the mesentery. Glass-tube enterostomy done at the site of strangulation. Patient placed on the danger list. Patient's condition at no time had been good. Continued to vomit even after the enterostomy, temperature gradually going up and urinary output ceasing. Temperature rose to 107°, pulse 170, respirations 60. Patient died on the fourth day, in a uremic condition.

Autopsy: None permitted.

25. Laparotomy and Enterostomy for Traumatic Rupture of Bowel-Multiple Injuries. 9363.

Male, 26 years. Patient was a powerfully built sailor in the United States service, sent to the hospital as an emergency case with injuries about abdomen from street-car accident just previous to admission. On entrance patient was seen to be in moderate degree of shock. There was a huge rupture of the abdominal wall, with evisceration of bowel which lay over the whole abdomen and which was covered with dirt. There was quite extensive bleeding from the abdominal wound; there were large lacerations of the left thigh, right arm, and several minor contusions to the face. Patient was in moderate shock, temperature 97.6°, pulse 128, respirations 32. Heat, intravenous salt, and the usual shock remedies given while the operating room was prepared for immediate operation. Under light ether anesthesia a mesenteric artery which had been caught by clamp previously was ligated. The eviscerated bowel was put into the abdomen, the rupture in the bowel itself was sutured as quickly as possible, and enterostomy tube also put in abdomen for drainage.

Wound closed as quickly as possible with interrupted chromic catgut and silk-worm gut. Several sutures were then put into the wounds in the thigh and right arm. Subpectoral and intravenous salt were given. Patient's pulse became weaker and weaker and he died about four or five hours after admission. Case made Medico-legal.

Medico-legal diagnosis: crushing injury with resulting shock.

26. Transpleural Drainage of Liver Abscess. 8786.

Female, 37 years. Patient on Medical Service for one month, with suspected pneumonia and right empyema; a small amount of puriform material was obtained at the first paracentesis but not again. Irregular pyrexia. Suspicious shadow by X-ray at base of right lung. Transferred surgical; diagnosis: empyema or subdiaphragmatic abscess. Under novocaine anesthesia a part of the eighth rib was resected, normal pleura opened, and pus obtained by thrusting the needle through the diaphragm. Pleural cavity excluded by suture and a large subdiaphragmatic abscess drained through the diaphragm. Patient did well for eight days, then had a chill and exacerbation of temperature; signs of meningitis appeared and she died three days later. Culture showed streptococcus.

Autopsy: None permitted.

27. Exploratory Laparotomy — Choledochostomy for Stone in Common Duct — Recurrent, Purulent Cholangitis, Multiple Liver Abscesses, Chronic Nephritis. 9001.

Female, 62 years. Transferred form Medical Service for upper abdominal pain of some eight days' duration. Patient in this hospital fourteen months previously for upper abdominal pain associated with jaundice, with symptoms recurring at various intervals during two years. Operated on, cholecystectomy and choledochostomy done, stones being found in common duct, cystic duct, and gall bladder. Uneventful convalescence. In perfect health up to present illness. Present illness of eight days' duration, severe pain in upper left abdomen going to the back and toward the right abdomen. Attacks somewhat similar to previous preoperative symptoms; nausea and vomiting. Acute symptoms followed by dull aching pain in upper right quadrant. Finally referred to the Medical Service, seen in consultation by Surgical Service. Temperature 102°, white count 24,000 to 26,000. Diagnosis of subacute pancreatitis, with common duct obstruction made, and operation advised. Exploratory operation showed a huge common duct and right and left hepatic ducts. No evidence of neoplasm, pancreas unusually hard. Liver large, red, and swollen. No definite foci of pus found. Common duct explored and drained. Patient's temperature and white count persisted in spite of drainage. Urinary output gradually decreased in forty-eight hours to 90 c.c. on the second and practically nothing on the third and fourth days. Died four days after operation.

Autopsy: Showed jaundice; cholangitis with multiple abscesses in the liver; small stone in common duct, free; absence of gall bladder, surgical; chronic nephritis.

28. Cholecystectomy for Cholelithiasis. 9191.

Female, 37 years. Admitted with a history of attacks of epigastric and right hypochondrium pain, radiating to the back, occurring at intervals for two years. Never jaundiced. History otherwise good. Physical examination shows some malnutrition and visceral ptosis; otherwise normal. Under quiet ether anesthesia by open drop method the abdomen was opened and a gall bladder packed with calculi was removed; there were no complications; the duct was not opened and the rest of the abdomen was not explored. Operation lasted one hour and twenty-five minutes; the pulse reached 140 but quieted during later stages. Patient recovered satisfactorily from the anesthetic, became fully conscious, and seemed in good condition; soon she appeared nervous, and temperature and pulse rapidly mounted; she showed excitement and complained of pain in her head and inability to pass urine, then became subcyanotic, stuporous, and died about eleven hours after operation. Examination of the wound (which had been drained) showed there was no hemorrhage. The death remained wholly inexplicable. It resembled the death which occurs after operations on the thyroid gland in hyperthyroidism.

Autopsy: None permitted.

29. CHOLECYSTECTOMY, CHOLEDOCHOSTOMY FOR CHOLELITHIASIS. 8974.

Female, 58 years. History of twenty years of typical attacks of gallstone colic; many small calculi recovered from the stools. Physical examination essentially normal except for slight local tenderness over gall bladder, a small femoral hernia, prolapse and retroversion of the uterus. Urine normal. Blood pressure 160 systolic, 85 diastolic. Under ether anesthesia by the open-drop method a flaccid gall bladder containing many small calculi was removed, the slightly dilated common duct opened, explored, washed out with negative results, the papilla dilated to No. 14 French, the wound in the duct sutured, cigarette drain placed in subhepatic fossa. The operation was uncomplicated and well borne and no anxiety was felt. Post-operative course was marked by persistent vomiting; fluids by mouth were withheld, and saline given by hypodermo- and procto-clysis. Fifty-four hours after operation a stomach tube was passed, causing gagging and vomiting of foul-smelling fluid; tube withdrawn on account of distress; soon it was reintroduced, and during evacuation of more fluid the patient had a convulsive seizure, ceased breathing, and could not be revived. Death possibly due to unrecognized acute dilatation of stomach, or to pulmonary embolus.

Autopsy: None permitted.

30. CHOLECYSTOSTOMY FOR ACUTE HEMORRHAGIC PANCREATITIS. 8692.

Male, 36 years. Previous history negative. Admitted with a history covering seven weeks of repeated attacks of abdominal pain, usually focusing in epigastrium and radiating to back and shoulders. For two weeks the pain was continuous, jaundice appeared and deepened, and vomiting was persistent. Abdomen distended, liver much enlarged, upper abdomen tender, shifting dullness in flanks. Some improvement seemed to occur and operation was deferred, but next day condition was markedly worse, and under ether anesthesia the abdomen was explored, showing a much swollen pancreas with a cyst filled with bloody fluid presenting through the omentum, a tensely distended gall bladder; the abdomen contained free bloody fluid. No fat necrosis seen. At the inception of the operation, pulse and respiration nearly failed; it was continued with novocaine infiltration, but patient died on the table.

Autopsy: Showed hemorrhagic pancreatitis, compression of common duct and biliary stasis, biliary cirrhosis.

31. Exploratory Laparotomy for Acute Hemorrhagic Pancreatitis. 9513.

Male, 56 years. Obese, stuporous. History of thirty-six hours of very acute abdominal symptoms of pain, vomiting, fever, jaundice, meteorism. Temperature 105°, pulse poor, respirations 55, leucocytes 9,000, spastic, distended abdomen with shifting dullness. Diagnosis: acute pancreatitis. A quick incision under light gas-oxygen anesthesia with institution of drainage was attempted, but patient died on table; fat necrosis, free bloody fluid, and distended gall bladder noted.

Autopsy: None permitted.

32. Repair of Strangulated Inguinal Hernia — Acute Intestinal Obstruction. Diabetes Mellitus with Acidosis. 8693.

Female, 68 years. Referred to the hospital as an emergency case for irreducible hernia, nausea and vomiting of about six hours' duration. Previous history not important. Has had a right inguinal hernia for some eighteen years, which has always been reducible until some six hours before admission, when it suddenly became irreducible, very tender, and there was marked nausea and vomiting. Saw a physician who tried to reduce the hernia but without result, and finally sent her into the hospital. There is a history of marked diabetes for four years. Patient was in a hospital for operation of hernia some fifteen years ago, but owing to her physical condition it was postponed. Examination showed a large strangulated hernia going down to the right labium, and also a large amount of sugar in her urine and a trace of acetone. Immediate operation advised under local anesthesia. Operation consisted of repair of right inguinal strangulated hernia under novocaine anesthesia. About 10 cm. of small intestine was dark purple, but regained its color on release of constricting hernial ring. Hernial sac filled with dark fluid. Bowel evidently being viable, it was replaced into the abdomen and hernia repaired in the usual manner, good closure being obtained. Only a few whiffs of ether were required toward the end of the operation. Fair novocaine anesthesia. In spite of efforts to prevent acidosis, patient went into typical coma and died in two days after operation.

Autopsy: None permitted.

33. Resection of Gangrenous Bowel — Enterostomy — For Ileus. 8225.

Female, 48 years. Referred to the hospital as an emergency case for severe abdominal pain in the right lower abdomen, irreducible hernia, nausea and vomiting of about thirty hours' duration. Previous history of inguinal hernia, which has never caused her any particular discomfort except for its mechanical presence. Thirty hours previous to admission hernia became irreducible, followed by nausea and vomiting and complete constipation. On admission patient had a temperature of 97.8°, pulse 100, respirations 20, white count 24,000. Large, tense mass in the right inguinal region going down into the labium, very tender. Diagnosis of right strangulated inguinal hernia made and immediate operation advised. Operated on immediately under novocaine. Sac filled with bloody fluid; 11–12 cm. of bowel gangrenous. Resection and end to end anastomosis done. Small drain led down into the abdomen. Operation proceeded unusually smoothly; good recovery. Owing to persistent vomiting of fecal matter and ileus, it seemed advisable to do an enterostomy under local anesthesia. This was done through a right rectus incision; no evidence of peritonitis. Anastomosis seemed perfect. Mixter tube put into the large distended loop of bowel. Vomiting continued and there began to be uremia, patient only passing 90–100 c.c. of urine, finally shutting down entirely. Unable to get the kidneys to respond. Patient died of uremia on the sixth day after operation.

Autopsy: None permitted.

34. Release of Internal Hernia — Acute Intestinal Obstruction. 9559.

Female, 52 years. Referred to the hospital for lower abdominal pain and distention, nausea, and vomiting of ten days' duration. A single woman. History difficult to get, as patient was in delirious condition. It appeared, however, that patient was perfectly well until ten days previous to admission, when she had a sudden attack of severe pain in the lower abdomen, associated with nausea and vomiting. Since then there has been gradually increasing distention of the abdomen, nausea, vomiting, the vomiting becoming definitely fecal in character. There had been no bowel movements either by enemata or by catharsis. Finally sent into the hospital on the tenth day of her illness. On admission patient's temperature was 99.2°, pulse 108, white count 22,000. Patient delirious, vomiting definitely fecal matter, abdomen distended. Evidence of abdominal fluid of shifting character. Enemata given were ineffectual for gas or feces. No evidence of hernia either in the femoral or inguinal regions, no abdominal mass made out. Diagnosis of intestinal obstruction made, immediate operation advised. Patient placed on the danger list. Immediate operation under gas-oxygen, mid-line incision; abdomen filled with clear fluid; collapsed and distended bowel readily identified. A definite strangulated hernia was found, a loop of small bowel being caught in the femoral opening. Bowel was deep purple but became normal-looking in ten minutes. Closure then done quickly; no necessity for resection or for drainage. Patient left the operating room in fair condition. Operation done very quickly. Post-operative recovery good. Patient, however, continued to be delirious, became incontinent of both feces and urine, pulse gradually became poorer and poorer in quality in spite of stimulants. Died about thirty hours after operation.

Autopsy: None permitted.

35. Drainage of Abdomen and Enterostomy for General Peritonitis of Unknown Origin. 8044.

Female, 43 years. Adipose; history of severe abdominal pain radiating to back, persistent vomiting and increasing abdominal distention of four days' duration. Scanty watery stools after catharsis and enemata. Examination shows parched tongue; uniformly distended, tender, and spastic abdomen, dullness in flanks. Blood pressure, systolic 95, diastolic 75. Leucocytes 16,000, temperature 102°, pulse 90, respirations 35. Marked apathy, condition poor. Some improvement after hypodermoclysis and rest. Exploratory laparotomy through right rectus under ether anesthesia; diffuse purulent peritonitis without adhesions; in the search for focus a partial evisceration was inevitable, no focus found; drainage of colon, with suture; enterostomy of terminal ileum, lavage of peritoneum with normal saline. Patient seemed to stand the operation fairly well, but died in twelve hours.

Autopsy: Showed general peritonitis without local cause, acute right pleuritis with bronchopneumonia, chronic interstitial nephritis.

36. Drainage of Acute General Pneumococcus Peritonitis, Enterostomy. 8914.

Female, 61 years. Obese, subcyanotic, dyspneic, vomiting frequently small amounts of semifecal material. History of acute onset three days ago with chill, vomiting, distention, and constipation. No etiological data obtained. Examination suggested ileus due to peritonitis. Marked leucopenia (2,200). Immediate exploration under gas-oxygen anesthesia showed thick creamy pus occupying the whole peritoneal cavity except the epigastric region; all possible causes of peritoneal infection were sought for with negative results. Thorough lavage of peritoneum with saline solution was carried out, a drain placed in the pelvis, and a glass enterostomy tube placed in the terminal ileum. Culture showed pure pneumococcus. Death occurred in six hours.

Autopsy: None permitted.

37. Laparotomy for Ruptured Spleen and General Peritonitis. 9438.

Male, 24 years. Brought to the hospital in a semiconscious condition with multiple injuries due to a motorcycle accident. Chief injuries noted were compound comminuted fracture right femur, fracture patella, scalp wounds, concussion, questionable fracture of the skull. Ten days after admission he became sufficiently oriented and rational to permit operative reduction of fracture, removal of fragments and immobilization of fracture. Six days later, having shown an evening pyrexia and leucocytosis, he developed sudden acute abdominal symptoms, focusing about the right iliac fossa. Immediate laparotomy showed normal appendix, abdomen filled with a chocolate-colored fluid whose source was traced to region of the spleen. Through a second incision it was found that the spleen had practically disappeared, except for a mass of pulpy chocolate-colored tissue. Drains inserted; culture showed streptococcus. Two weeks later a profuse discharge began digesting the edges of the wound and containing food particles, evidently a duodenal or high jejunal fistula of unknown cause. Patient died of exhaustion and sepsis about six weeks after admission.

Autopsy: None permitted.

38. Abdominal Drainage for General Peritonitis Following Ruptured Appendicitis. 9299.

Male, 23 years. Referred to the hospital as an emergency case for lower abdominal pain of eleven days' duration. A single man, general health good; employed as a butcher. Previous to admission had a sudden attack of pain near the umbilicus, accompanied by nausea, vomiting, and marked constipation. Abdominal pain became diffuse and has persisted to date. Temperature has gone as high as 104°; there has been marked nausea and vomiting, most marked during the last twenty-four hours. Was finally referred to the hospital on the eleventh day as an emergency case of intestinal obstruction. On admission patient had a typical peritonitis facies. Temperature of 102.6°, pulse 114, white count 17,000. Abdomen was full, doughy, extremely tender all over, with dullness of a shifting character. Diagnosis of general peritonitis from ruptured appendix was made, patient placed on the danger list and immediate operation advised. Operation under light ether anesthesia. The whole abdomen filled with pus, bowels matted together by thick fibrinous exudate. Whole pelvis filled with foul-smelling pus. A good deal of the bowel in the pelvis looked black and gangrenous. Appendix had sloughed off. Three drains put down into the abdomen as quickly as possible, wound closed; patient's condition was terminal; placed in Fowler's position and subpectoral salt given. Condition considered hopeless. Died on the third day after operation.

Autopsy: None permitted.

39. LAPAROTOMY FOR TUBERCULOUS PERITONITIS. 9340.

Female, 35 years. Patient transferred after nine days on the Medical Service, with diagnosis of tuberculous peritonitis. Operation was done on the following day under gas-oxygen anesthesia. The abdominal cavity contained about 2 liters of opalescent fluid, the loops of the bowel were universally adherent, a considerable amount of fibrin being present. After reaching the ward the patient's condition was entirely satisfactory. About two hours later she had a chill, and following this became cyanotic with very labored respiration. Death occurred two hours later.

Autopsy: Showed general abdominal tuberculosis and pneumonia.

40. EXPLORATORY LAPAROTOMY FOR ABDOMINAL CARCINOMATOSIS. 8078.

Female, 60 years. Abdominal pain, bloating, loss of appetite, and progressive enlargement of abdomen for about two months. Examination practically negative save for evidence of fluid, 6,500 c.c. of which was removed by paracentesis. Exploratory laparotomy under ether showed general carcinomatosis of the peritoneal organs, originating apparently from an ovary. The abdomen rapidly refilled, the wound acquired an indolent infection, a sinus was established, and vomiting became frequent. Death about seven weeks after operation.

Autopsy: None permitted.

41. THORACOSTOMY — DRAINAGE OF LUNG ABSCESS. 7801.

Male, 56 years. Patient entered the Medical Service for acute articular rheumatism, tonsillitis, and pyorrhœa alveolaris. Ether given twice for extraction of teeth and curetting of alveolar process. Evidence of lung abscess appeared, probably from inhalation of septic material. Transferred to the Surgical Service. A thoracostomy was done in two stages under novocaine anesthesia, the pleural cavity drained but lung abscess not found — no adhesions. Progressive weakness with abundant foul sputum. Fourteen days after the second stage a lung abscess was reached and drained. Death two days later.

Autopsy: Showed abscess of lower right lobe, empyema, acute endocarditis, multiple infarctions of the kidney.

42. Thoracostomy for Streptococcus Empyema. 8217.

Male, 32 years. Pulmonary symptoms for two days. On admission to Medical Service temperature was 106°, pulse poor, leucocytes 15,000. Novocaine anesthesia, resection of rib and drainage of 1,500 c.c. thin pus loaded with streptococci.

Symptomatic improvement, but death in three days from profound toxemia.

Autopsy: None permitted.

43. Thoracostomy — Resection of Rib — Drainage of Acute Empyema following Lobar Pneumonia. 8308.

Male, 21 years. A young man referred from the Medical Service for operation for drainage of left empyema. Patient evidently had pneumonia for about one week; was on the danger list; temperature 105°, pulse 140, respirations 40. Patient's condition almost terminal. Under local anesthesia 4 cm. of rib was resected, draining a large amount of pus. Lung was entirely consolidated. Died about six hours after operation.

Autopsy: None permitted.

44. Thoracostomy for Acute Streptococcus Empyema. 8520.

Male, 33 years. With alcoholic history and positive Wassermann. Acute pulmonary symptoms for four days before admission to Medical Service, where after a surgical consultation the right chest was aspirated for four successive days, removing respectively 1200, 800, 1200, and 500 c.c. of pure streptococcus pus. His condition steadily failing he was transferred to the Surgical Service; delirious, disoriented, temperature 103.8° and pulse 40. Physical examination showed signs of a moderate amount of fluid. Under 1 per cent novocaine infiltration anesthesia, wide drainage was obtained by painlessly resecting the ninth rib, evacuating a moderate amount of streptococcus pus. The course of the disease was apparently in no way influenced; a facial erysipelas which had already appeared spread rapidly. Death ensued about twelve hours later.

Autopsy: None permitted.

45. Thoracostomy — Resection of Rib for Drainage of Acute Empyema — Lobar Pneumonia. 8449.

Female, 33 years. Transferred from the Medical Service, where she had been under treatment for severe pneumonia some two days, the whole left thorax being dull to percussion and a large amount of pus having been aspirated. Patient on the danger list, extremely ill; temperature 103°, respirations 60. About 5 cm. of rib resected, entering the pleural cavity and draining about 800 c.c. of purulent fluid. Whole lung was consolidated. No attempt at walling off of pus. Died about eight to nine hours after operation — streptococcus empyema.

Autopsy: None permitted.

46. Thoracostomy — Resection of Rib for Right Empyema following Pneumonia. 9018.

Female, 60 years. Referred from the Medical Service, where she had been under treatment for pneumonia for some three weeks. Patient had been extremely sick and was on the danger list. Owing to persistence of high temperature, thoracentesis was done in the right thorax and a large amount of pus evacuated. Referred to the Surgical Service for drainage of empyema. Under novocaine anesthesia 4–5 cm. of rib resected subperiosteally and pleural cavity opened, giving out a large amount of fluid which was of a sanguineous and purulent character. It seemed to be a walled-off empyema. Rather uneventful convalescence, with gradual decrease in temperature and pulse rate until about the sixteenth day after operation, when patient had a sudden attack of pain in the left chest, followed by high temperature, stupor, and unconsciousness, with marked paralysis of the left side of the face. Died, without gaining consciousness, in about six hours. Condition probably one of cerebral embolus.

Autopsy: None permitted.

47. Suprapubic Cystotomy as Emergency Operation for Drainage. 8889.

Male, 60 years. For five years before entrance to the hospital, had been having attacks of dysuria, together with hematuria, chills and fever. Recently these attacks had increased much in frequency. On entrance to the hospital his condition was extremely critical, the urine being very scanty in amount and loaded with pus and albumen. There was almost continuous imperative urination. The pulse was 110 and of poor quality. The bladder was opened above the pubes under gas-oxygen anesthesia, as an emergency operation, and although this procedure lasted but twenty minutes, at the end of this time the patient became very cyanotic, the respirations grew shallow, and death intervened. Examination through the bladder showed thick, purulent urine flowing from each ureter, a gangrenous cystitis, a large infected diverticulum of the bladder, five vesicle and prostatic calculi, and a papillary cancer of the bladder.

Autopsy: None permitted.

48. Nephrotomy for Pyonephrosis. 8303.

Female, 63 years. Entered the hospital complaining of pain in the right side. This has occurred at intervals for the past ten years, recently becoming worse. The urine was infected, none being produced from the right kidney. A large pyonephrotic kidney was opened at operation, about 2 liters being evacuated. On account of the extensive destruction of the kidney and adhesions, it was deemed wise not to attempt its removal. Patient died on the fifth day following operation, with signs of cardiac failure.

Autopsy: Showed early bronchopneumonia; a dermoid cyst of right ovary as the cause of the complete obstruction of the right kidney, and thrombosis of the left common iliac and femoral veins, and of the vena cava.

49. Suprapubic Cystotomy for Cancer of the Bladder. 8940.

Male, 68 years. For four months had suffered from dysuria and severe hematuria. Cystoscope showed a large tumor of the bladder of mulberry shape, with various spots of necrosis. This tumor was excised, and found to be a malignant papilloma. Patient developed pneumonia two days after operation, from which he died on the ninth day.

Autopsy: Showed lobar pneumonia on the right and bronchopneumonia on the left. Nephrolithiasis of the left kidney.

50. Resection of Bladder for Extensive Carcinoma. 8382.

Female, 40 years. Referred from the Medical Service, where she had been under observation for hematuria with symptoms of two years' duration. Previous health otherwise very good. Hematuria at intervals during the last two years, becoming almost continuous for the last ten months. Has had considerable previous bladder treatment in the form of irrigations without any particular permanent relief. Cystoscopic examination showed purulent urine, large fungating mass both on the right and left sides of the vesical orifice, papillomatous in character. Renal function 55 per cent in two hours. Operation under ether anesthesia, resection of bladder for malignant papilloma — drainage. Large cauliflower mass in bladder fairly close to the vesicle and ureteral orifices. Difficulty in doing resection on account of perivesical involvement — drainage; a hopeless case. Uneventful ether recovery; rather stormy convalescence, owing to infection of the wound and difficulty in getting good drainage. Has had several attacks of pleurisy. Practically no tendency of abdominal wound to heal, finally developing complete anuria. Died, on the thirtieth day after operation, of uremia.

Autopsy: None permitted.

51. Suprapubic Cystotomy with Repair of Recto-Urethral Fistula. 8056.

Male, 60 years. For five years had suffered from a rectovesical fistula, the result of a perineal operation on the prostate in another hospital. He had a good deal of pain and imperative calls to urinate, the bladder being badly infected. This was so severe that he had been unable to work. The fistulous opening was repaired by operation, following which death occurred on the eighth day, with signs of diffuse broncho pneumonia and myocarditis.

Autopsy: None permitted.

52. (1) External Urethrotomy. (2) Suprapubic Cystotomy for Drainage. 8814.

Male, 52 years. Had been troubled for ten years with difficult urination caused by a stricture. During the past year urinary difficulty had been great and there had been more recently signs of renal impairment with beginning uremia. On the fifth day following perineal section there occurred chills and fever, which persisted, death occurring five days later with signs of severe uremia.

Autopsy: Showed bilateral pyelonephritis of severe grade.

53. Suprapubic Cystotomy Under Local Anesthesia for Drainage of Bladder. 9298.

Male, 78 years. Entered the hospital complaining of acute retention of urine. He has had a good deal of spasm of the bladder for the past ten years, and has had to be catheterized occasionally. Examination showed a man very senile, with chronic bronchitis and emphysema, together with signs of myocarditis. Two days after entrance the bladder was opened above the pubes under local anesthesia. During the next three days there was a steady decline; appetite became less, cough and signs of hypostatic congestion of the lungs increased, death occurring on the thirty-seventh day following suprapubic drainage. During this time there were no symptoms referable to the bladder, the drainage being satisfactory and painless.

Autopsy: Showed arteriosclerosis; coronary atheroma; mural thrombi of the aorta with thrombosis of left internal iliac artery; chronic nephritis.

54. PERINEAL PROSTATECTOMY. 9066.

Male, 74 years. Had chronic retention of urine for about three years. This gradually increased in severity, so that during a few weeks preceding admission no urine had been passed without the aid of a catheter. He had used this instrument himself with very little regard for asepsis. Instrumentation became more difficult as the amount of infection in the bladder increased. The general condition of the patient on entrance was very bad; he had a markedly dry mouth, dysphagia, and no appetite. Three days after entrance he had an attack of cardiac fibrillation with falling blood pressure. The twenty-four-hour amount of urine was below normal. After forty days of pre-operative treatment, renal function had reached 30 per cent in two hours, and the patient's general condition seemed to have improved sufficiently to warrant operation. Death occurred on the second day following operation with signs of cardiac failure.

Autopsy: Showed chronic vascular nephritis; chronic fibrous myocarditis; hypertrophy of the bladder and cystitis.

55. SUPRAPUBIC PROSTATECTOMY. 7899.

Male, 59 years. A highly neurotic man who had been having difficulty on urination for over a year. Four months before entrance the bladder was opened above the pubes in another hospital. No further interference was attempted at this time. Since this the urine has been passed in part by urethra, in part through the suprapubic sinus. There is still a great deal of urgency and frequency, and the urine contains much pus. After pre-operative treatment for twelve days, the prostate was removed by the suprapubic route. Although the quantity of urine secreted after operation was satisfactory in amount until the fifteenth day, the patient nevertheless showed increasing signs of renal failure. Death occurred on the twenty-first day following operation.

Autopsy: Showed severe pyelonephrosis, streptococcus bronchopneumonia, and streptococcus septicemia.

56. SUPRAPUBIC PROSTATECTOMY. 9101.

Male, 70 years. Had increasing difficulty from chronic arthritis, involving multiple joints, during the past twenty-five years, so that on admission he was very badly deformed. Until two months previous to admission, however, he was able to get about on crutches, but later was quite unable to make the necessary muscular exertion of the arms to man-age them. There was much pain in the ankles, and he lost a good deal of sleep. During the past three years he had increasing difficulty in urination, and for one week preceding admission had complete retention of urine. It was necessary to seek relief by catheter. The elbow joints were enlarged and flexed. The arms were wasted. The legs were flexed on the thighs and could be extended only a few degrees. There was marked edema of the legs. Sleep was possible only while sitting in a chair. Patient was able to live at home only by the efforts of his wife, who must work in order to support the family. He was quite unable to catheterize himself and asked for operative relief, although the risk was great. The prostate was easily removed by the suprapubic route under local anesthesia, followed by about one ounce of ether. Patient failed to revive, however, and died on the following day.

Autopsy: Showed arteriosclerosis and chronic fibrous myocarditis; chronic cystic nephritis; double pyelitis; aneurysm of the iliac artery; diverticula of the bladder.

57. Suprapubic Cystotomy under Local Anesthesia for Drainage of Bladder. 9456.

Male, 60 years. Entered the hospital complaining of painful, frequent urination for the past four years. Recently there had been continuous dribbling of urine by day and night. Examination showed a weak old man, whose prostate on palpation was found enlarged and unquestionably containing a malignant neoplasm. Seven days after entrance, for relief of pain which had been otherwise uncontrollable, the bladder was opened above the pubes under local anesthesia. Two days later death occurred in coma.

Autopsy: Showed cancer of the prostate; arteriosclerosis and chronic fibrous myocarditis; chronic nephritis and hypernephroma; hypostatic bronchopneumonia.

58. (1) Suprapubic Cystotomy under Local Anesthesia for Drainage. (2) Partial Suprapubic Prostatectomy. (3) Secondary Closure Cystotomy Wound. 8754.

Male, 66 years. For six months had been having difficult urination. This consisted of increase in frequency, with pain during the act, and also occasional incontinence. The urine showed infection, but the urethra was too irritable to tolerate an inlying catheter. The bladder was therefore opened above the pubes under local anesthesia. A week later, renal function being satisfactory, the prostate was removed, and found to be carcinomatous in its lower portion. Following the second operation, closure of the suprapubic wound was exceedingly slow on account of infection, as well as rapid growth of the neoplasm at the bladder outlet. For this reason, a month later, secondary suture of the suprapubic wound was attempted. During the month following this operation, patient's condition fluctuated, gradually growing worse; at no time did the suprapubic wound close. Death occurred on the eighty-third day after the first operation, with signs of general emaciation and exhaustion.

Autopsy: None permitted.

59. Perineal Prostatectomy for Carcinoma of Prostate. 8769.

Male, 52 years. Symptoms of seven months' duration, mainly those of increasing urinary discomfort, frequency, dysuria, finally leading to urinary retention requiring catheterization. Also marked pain in right lumbar region and spine, radiating down toward the right groin and so severe as to require morphia. Examination showed rather marked anemia, temperature ranging from 99 to 102°, blood and pus in urine. Cystoscopic examination showed infected bladder; irregular, hard, nodular, hypertrophied prostate. Phthalein output 45 per cent in two hours. Diagnosis carcinoma of the prostate with metastasis to the spine. Operation — ether — attempted partial prostatectomy by perineal route for permanent perineal drainage. Very extensive perivesical involvement, marked bleeding. Patient died two hours after operation.

Autopsy: None permitted.

60. Panhysterectomy for Carcinoma of Uterus. 9387.

Female, 58 years. Obese, weight 260 lbs., seen in Out-Door Department one year ago, where diagnosis of adenocarcinoma of uterus was made and operation advised and refused. Metrorrhagia has persisted, and occurrence of pain later impelled her to demand operation for relief. Uterus rather fixed, but exact condition could not be made out on account of obesity. Operation October 29, 1918, under ether anesthesia; a panhysterectomy with removal of a mass infiltrating the broad ligament was injudiciously attempted under great technical difficulties; death six days later presumably from peritonitis. Pathological diagnosis: adenocarcinoma of uterus.

Autopsy: None permitted.

61. Hysterectomy for Fibromyoma of the Uterus. 9332.

Female, 51 years. Entered the hospital complaining of dull pain in the right side for six years, which later became more severe. Examination showed a fibromyoma of the uterus filling the true pelvis. This was removed by supravaginal hysterectomy under ether. Convalescence was normal for nine days, during which time the wound healed and the patient's general condition became excellent. On the ninth day constant pain was complained of in the region of the gall bladder, and on the morning of the next day there was marked cyanosis and shortness of breath, shortly followed by death.

Autopsy: Showed emboli in each of the primary branches of the pulmonary artery, together with purulent pericarditis.

Report of the Physician-in-Chief

In the year 1918 war conditions in one way or another necessitated numerous curtailments and retrenchments. Absence of men needed in war work reduced the staff. Shortened terms of service of house officers to meet requirements of the War Department placed men with less training in charge of the various subdivisions of hospital work. Increased cost of almost every commodity decreased available balances. Difficulties in securing help of all sorts forced many departments to be run shorthanded. Graduate nurses were hard to obtain. With all of these handicaps a good service to our patients was maintained. For this the trustees and staff have occasion for satisfaction.

Danger of Complacency

Herein, however, lurks a serious danger. Complacency, whether in men or in institutions, is to be likened to an insidious disease with almost imperceptible beginnings but steady progress until soon it is beyond cure. If satisfaction with what was done under the limitations of war work has led us to complacency, then a chronic disease has begun in our organization. That this may not be the result let us frankly review and candidly criticise our work during the four years of world war, and particularly the last eighteen months of our own active participation therein.

Have we not allowed existing difficulties to excuse shortcomings at times when more energy would have met the situation without curtailing efficiency? Honestly we must admit that in some instances at least this has been the case; not by any means often, but frequently enough to arouse fear that that pernicious habit may have been acquired, the habit of letting well enough alone. The opportunity eagerly to study the new problems presented of late has not been made use of as in the past. For this there are many excuses to be made, — all good excuses, too. We were tired; we had more than we could do; needed help was not available. Yet a number of these things were done, — not at the time they would have yielded largest returns, but several weeks later, showing that they were possible and that really there should have been no delay.

A recognition of these conditions can become a great good to the hospital. War limitations should emphasize and accentuate the condition that existed several years ago. Then, as was pointed out by me in the 1916 Annual Report, the Brigham Hospital had attained its development with existing resources. Our entire income was being spent on present undertakings. Expansion and growth depended on additions to endowment. Without them growth would cease. A plan for future development had been prepared and submitted by the staff to the trustees. War made inadvisable the pushing of these plans. Now that war is over, our efforts should be directed toward carrying out these plans, modifying them, if necessary, to fit present conditions. Every delay will mean not alone delaying our advance but possibly make advance very doubtful, for unfortunately institutions like individuals easily acquire complacency and satisfaction in mediocrity, and once acquired these make progress very improbable.

It must be remembered that much of the good work mentioned in this and recent reports represents the impetus of past years. A close analysis, to my mind, shows a decrease in volume and a loss in quality. The hospital and its staff needs the stimulus of new projects, additional men, new lines of investigation. Naturally you ask: What effect has all of this on our patients? Are they any the less well cared for? Yes, they are less well studied, less carefully diagnosed, and less efficiently treated when the staff is not eager-minded in new problems. Then routine is maintained in routine fashion and, however thorough the routine, slips occur which are less apt to be discovered than when the staff is permeated with a feeling of progress.

In the early days of the hospital we had proportionately fewer patients and more doctors. The comments of those patients is enlightening; they often dwelt on the individual interest taken in their diseases and in them personally; they expressed great satisfaction in the care they received. I do not think this is so often heard now — we have become more institutionalized. It seems to me that this is due to mass handling from a too small staff. Our patients have increased in number; during war times our staff decreased, — without war it would have remained stationary.

Hospital Needs

I need more house officers, more residents, more staff assistants to give the medical patients as good attention as they received in the beginning, and to give the Medical Staff that opportunity for investigation which vitalizes its daily work. To house more workers and to provide other needed things, money for building and for maintenance is needed. If such could be made speedily available, I am sure it would yield a most satisfactory return in improving in every way the work of the Peter Bent Brigham Hospital.

Equally with the Medical Service the Surgical Service needs the opportunity for enlargement. Housing for our present nursing staff is insufficient. The X-Ray Department requires enlargement, for at present it is inadequately equipped. Junior members of the medical and surgical staffs should have rooms allotted to them where they may see their patients and do their work, enabling them to spend the entire day at the hospital. In fact this they need to do in order to carry on satisfactorily the work of the hospital. A pay clinic should be established for the benefit of those not requiring charity but needing, at moderate cost, hospital facilities for diagnosis and treatment. All of these needs can be met by a new staff building with allotment of present staff quarters for the housing of nurses. No single gift would do more to improve hospital conditions than that of such a building large enough for present needs and for reasonable future growth.

Five years' work of the Peter Bent Brigham Hospital has demonstrated that excellent investigation may be carried on, — in fact that it is necessary to the satisfactory development of the hospital. Special gifts for such yield large returns. The time is ripe for the undertaking of a number of studies sure to help in a better treatment of our patients. Several gifts of from $5000 to $10,000 per annum repeated over a period of from three to five years would be most helpful. Our system of class management of groups of cases lends itself especially to such investigation. This sort of study not alone benefits by reason of the new knowledge attained, but brings to many patients individual help by reason of better treatment. Bright's disease, diabetes, chronic arthritis, asthma, heart disease, all and more, deserve such study.

As pointed out in all previous reports, the hospital needs a chemist. The lack of a chemist is a serious handicap to much of the work of the institution, not alone to investigation but to the daily diagnosis and treatment of patients.

Means for hydrotherapeutic and mechanotherapeutic treatment should be installed. Though planned in the original draft of the hospital, preparation of these very valuable adjuncts to the treatment of in- and out-patients continues to be postponed to the detriment of our patients.

A better ward for pay patients is needed.

The Influenza Epidemic

In the year 1918 no hospital event exceeded in importance and seriousness the epidemic of influenza which burst upon Boston in September, and at the close of the year was still prevalent, though to a lessened degree. For a number of weeks practically the entire hospital was given over to the care of influenza cases. Every medical bed and half of the surgical beds were occupied by influenza cases. In the remaining beds were concentrated such surgical and medical cases as must needs remain in the hospital or be admitted as emergency cases. The Surgical Staff loaned to the Medical four of their house officers to care for influenza cases, and very generously the surgeons curtailed their work to a minimum. Without this help from the Surgical Staff we would have been unable to meet the needs of the situation.

The hospital coöperated with the Board of Health and took, in the main, cases selected by them, — patients who could not be cared for at home, or those in almost dying condition that it was necessary to get out of their homes to ease the problem of home management of less seriously sick ones. Many died in a few hours after being brought to the hospital. The wards were filled with patients extremely ill with the pneumonia that accompanied influenza. More than half of our nursing and medical staffs themselves had influenza, but we managed to carry on without any outside help and without using probationers or nurses' aids in the immediate care of patients, feeling that for the less well trained the dangers of acquiring the disease from contact was greater.

From September 9 to December 31 we treated 557 cases of influenza. Of these about 60 per cent had clinically demonstrable pneumonia, a large per cent being admitted to the hospital with pneumonia already developed. Of the influenza cases 153 died. A striking contrast to the general hospital cases were our nurses and doctors, who, put at once to bed and kept there, recovered with one exception. It seems certain that failure to go to bed and remain there was an important cause of the high mortality of the disease throughout the country. It had seemed wise to us to insist on a prolonged stay in bed after the temperature was normal. The very few relapses that we saw seemed amply to justify this course. No patients were hurried out of the hospital; all were urged to stay until we felt sure that their strength made the exertion of home life and getting there safe. In following up our patients since discharge we have found that results appear to show the wisdom of this course, for bad after-effects of the disease have been surprisingly few in our patients.

In handling influenza patients all who came in contact with them were gowned, capped, and masked, and care in washing hands was insisted on. Our present knowledge of influenza is too inadequate to make certain how far these precautions are necessary. At present they seem wise. Consideration of the infection among our nurses and doctors indicates that they acquired the disease not from patients in the wards but from contact with one another, or with maids, or with outside friends just developing the disease; in other words, the disease is most contagious during the incubation period. Only one non-influenza patient in the hospital acquired the disease in the hospital wards, and one patient acquired influenza in the operating room, probably from one of the doctors who assisted in operating on him as the doctor shortly thereafter developed influenza. Thus it would seem reasonably easy to maintain quarantine, even within an infected institution, when all visitors are excluded and other means of isolation are carried out. Such rigid quarantine probably is not possible in the community at large.

The epidemic has been very instructive to the professional staff of the hospital. Especially has it presented a remarkable opportunity to study pulmonary physical signs. In this Dr. McCarty's X-ray examinations have been of great service. Various studies will be published in the future based on our experience. These will be referred to in another place in this report or in subsequent reports.

Our nurses did most excellent work during the epidemic. The numerous cases of the disease among them made it necessary for the well ones to work with redoubled energy. Pupil nurses had to replace graduate head nurses as the latter fell ill, and so had thrust upon them much responsibility. Nurses could not but feel the grave danger they ran in handling a disease which evidently in some part of its course was extremely contagious and which was causing a high toll of deaths right under their eyes. There was no faltering; each did her duty and carried out her work efficiently. Particularly did the night nurses have a strenuous time, for in the silent hours of the night delirium was most active, and then it was that death claimed its largest numbers. The way our nurses met these demands upon them has caused the staff to feel great pride in them, and has been, I am sure, an occasion for much gratification to Miss Ivers and her associates who are immediately responsible for the training of the nurses. Personally it is a pleasure to me to voice here the feeling which all of the Medical Staff shares.

Medical Statistics

Here follow the usual tables showing the distribution of disease among our patients for 1918. The value of such tables, as well as the value of a considerable part of the statistical report of the Superintendent, such as those parts showing occupation of patients, nationality, etc., seems to me slight. They contain numerous unavoidable inaccuracies; they are too incomplete in some respects. For example, the fact that we treated forty-seven carpenters is of no particular value. If we stated what diseases these carpenters had it might be of help as showing the diseases carpenters are liable to and help in their prevention. Here, again, to be of use one should know the working conditions of these carpenters, for there is much variety in the work of a carpenter. In other words, statistical tables present too incomplete a study to be of much service, if of any. The same is true of other features of these tables. I do not believe much use is made of them, and I consider that their space could be used to better advantage, or at least money could be saved to the hospital by their omission. They are published in my reports from year to year because others of the hospital think they are worth while, not because I think they are of much interest or usefulness. It seems to me that if they were published at five- to ten-year intervals they would cover enough cases to be of some possible statistical value, and these tables, even for ten-year periods, would not be very much more bulky than the single annual table. I would recommend hereafter either the complete omission of statistical tables or their publication in the Annual Report at five-year intervals. The data could be compiled each year in the record room, and be available there on request to such as desire information from such tables, and at five-year intervals statistics for that period could be tabulated with ease and be published.

The same terminology for diagnoses has been used during 1918 as in the years 1916 and 1917. Reference to this will be found in the annual reports of 1915 and 1916.

Statistical Table A (see page 123) is a table of diagnoses, and does not include any but the first admission of a case unless added diagnoses were made on subsequent admissions. Then only the new diagnoses are tabulated. In this way the figures represent the actual relative frequency of the diseases and pathological conditions as they appeared on the Medical Service. If to the figures presented this year are added the ones presented in the 1916 and 1917 reports the distribution of diseases for the three years will be obtained. In this table not every diagnosable condition in the individaul patient is included, but only the more significant ones. For example, obviously the majority of the cases of cardiac insufficiency, whatever the cause, have evidences of chronic passive congestion of the liver, but such a diagnosis is to be understood as included in the diagnosis of the cardiac condition. In the same way many patients have pyorrhœa alveolaris and a certain amount of infection about the roots of the teeth. The diagnosis alveolar abscess, however, is made only on those cases in which this was an important feature requiring treatment, or was closely related in a causal relation to some other diagnosed condition.

Table B (see page 129) is essentially a table of causes of death grouped according to the International Classification of Causes of Death and is based on the nomenclature used by the United States Bureau of Census. The chief diagnosis in each case represents the patient, and the patient appears under only one diagnosis. This explains why the figures in Table B do not agree with those in Table A.

Table C (see page 134) is a summary of the medical statistics for 1918.

Table D (see page 135) gives the various types of cardiac arrhythmia and other disturbances in cardiac action made out by electrocardiographic study. Here are tabulated only the diagnoses in such cases as had electro-cardiograms taken. If, for instance, auricular fibrillation was diagnosed merely on the type of pulse irregularity made out by the palpating finger or by the stethoscope, it is not included in this table.

Table A

Table of Medical Conditions

January 1, 1918, to January 1, 1919

Abdominal Pain, Cause Unknown	2
Abscess of Arm	2
Abscess of Brain	2
Abscess, Ischiorectal	1
Abscess of Kidney	1
Abscess of Lip	1
Abscess of Liver	2
Abscess of Lung (?—2)*	3
Abscess, Perinephritic (? — 1)	1
Abscess, Peritonsillar	8
Abscess of Prostate Gland	1
Abscess, Retroperitoneal	1
Abscess, Subphrenic	1
Acidosis, Non-diabetic	3
Acute Red Softening of Floor of 4th Ventricle	1
Adams' Stokes Syndrome	2
Addison's Disease	1
Adenocarcinoma of Intestine (? — 1)	1
Adenocarcinoma of Thyroid	2
Adenoma of Thyroid	2
Adhesions about Pylorus (? — 1)	2
Albuminuria, Orthostatic	3
Alcoholism, Acute and Chronic	6
Alopecia, Syphilitic	1
Amblyopia	1
Amyloid Kidney	1
Amyloid Liver	2
Amyloid Spleen	2
Anæmia, Pernicious (? — 2)	20
Anæmia, Secondary (? — 1)	26
Anæmia, Splenic	2
Aneurysm of Aorta (? — 2)	6
Aneurysm of Heart	1
Angina Pectoris (? — 7)	10
Angioneurotic Edema	1
Aorta, Dilatation of, Non-syphilitic	12
Aortitis, Syphilitic, with Dilatation of Aorta (? — 1)	10
Aphasia	1
Aphonia, Hysterical (?— 1)	2
Appendicitis, Chronic (? — 2)	2
Arteriosclerosis, Cerebral (? — 1)	7
Arteriosclerosis, Cerebral with Cerebral Hemorrhage	1
Arteriosclerosis, General	84
Arthritis, Acute (*see* also Rheumatism, Acute Articular)	5
Arthritis, Chronic (? — 1)	25
Arthritis, Gonorrhœal (? — 2)	5
Arthritis, Subacute	2
Arthritis, Traumatic	1
Asthenia, Neuro-circulatory (? — 1)	2
Asthma, Bronchial (? — 1)	25
Atrophy of Optic Nerve	2

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* The question marks mean that diagnoses in these cases were made with reservation, there being enough factors in the case of uncertainty to throw some doubt on the correctness of the diagnosis and yet the diagnosis given expresses as well as we can the patient's condition. To obtain the number of patients in whom diagnosis was made without reservation subtract the number following the question mark from the total.

Banti's Disease (? — 2)	2
Bronchiectasis (? — 4)	8
Bronchitis, Acute (? — 2)	90
Bronchitis, Chronic (? — 1)	19
Bronchitis, Unclassified	1
Bronchitis with Emphysema	24
Burns	2
Bursitis, Chronic	1
Calculus, Pancreatic (? — 1)	1
Carcinoma of Breast	2
Carcinoma of Cecum (? — 1)	1
Carcinoma of Female Genital Organs (Ovary and Uterus)	4
Carcinoma of Gall Ducts (? — 1)	1
Carcinoma of Head of Pancreas	1
Carcinoma of Liver	1
Carcinoma of Pleura (? — 1)	1
Carcinoma of Prostate	3
Carcinoma of Rectum	2
Carcinoma of Sigmoid Flexure	1
Carcinoma of Stomach (? — 2)	14
Carcinomatosis of Liver, Ovary, and Retroperitoneal Structures	1
Cardiac Arrythmias (*see* Table D)	
Cardiospasm	1
Cerebral Cyst of Softening	1
Cerebral Hemorrhage (? — 8)	19
Charcot's Joint	1
Chlorosis (? — 1)	1
Cholangitis, Purulent	1
Cholecystitis, Acute	1
Cholecystitis, Chronic (? — 1)	2
Cholelithiasis (? — 7)	15
Chorea (? — 1)	7
Cirrhosis of the Liver (? — 1)	19
Colitis, Acute	1
Colitis, Chronic (? — 2)	4
Colitis, Mucous (? — 1)	2
Colitis, Ulcerative	3
Condyloma	1
Congenital Heart Disease	
Aortic Stenosis (? — 1)	1
Patent Ductus Arteriosus (? — 1)	1
Pulmonary Stenosis	1
Constipation	22
Cyst, Ovarian	1
Cyst, Salivary	1
Cystitis, Gangrenous	1
Cystitis, Tuberculous (*see* Tuberculosis, Genito-urinary)	
Cystitis, Unclassified	11
Debility	16
Decubitis	1
Defects in Membranous Bones	1
Dementia	1
Dementia Paralytica (? — 4)	8
Dementia Præcox (? — 1)	2
Dementia Senilis	1
Dermatitis Medicamentosa (? — 1)	3
Dermatitis, Unclassified	1
Diabetes Insipidus	3
Diabetes Mellitus (? — 9)	57
Diabetic Gangrene	3
Diarrhœa, Unclassified (? — 1)	10
Diphtheria	13
Diphtheria Bacillus Carrier	8
Diverticulum of Œsophagus	1
Dysentery, Amœbic (? — 1)	3
Dysentery, Bacillary (? — 1)	1
Dysmenorrhœa	1
Dyspituitarism	1
Edema, Cause Unknown	1
Embolism, Cerebral (? — 2)	2
Embolism, Pulmonary (? — 1)	1
Emphysema, Pulmonary	14
Empyema (Suppurative Pleurisy) (? — 2)	35
Endarteritis, Cerebral Syphilitic (? — 1)	3
Endocarditis, Acute (? — 6)	12
Enterocolitis	2
Enteroptosis	5
Ependymitis, Tuberculous	1
Epididymitis, Gonorrheal	2
Epilepsy (? — 5)	16
Epilepsy, Jacksonian	2
Epithelioma of Penis	1
Epithelioma of Tongue	1
Erysipelas	1
Fever, Cause Unknown	11
Fibromyoma of Uterus (? — 2)	9

Fibroma of Anterior Mediastinum	1
Fracture of Femur (? — 1)	1
Fracture of Nasal Bones	2
Fracture of Patella	1
Fracture of Radius (? — 1)	1
Fracture of Sacrum (? — 1)	1
Furunculosis	3
Gangrene of Leg	3
Gangrene of Scrotum	1
Gas Bacillus Infection	1
Gastritis, Alcoholic (? — 1)	3
Gastritis, Chronic (? — 1)	1
Gastroenteritis	4
Gastroptosis (*see* also Splanchnoptosis)	2
Gastrostaxis	1
Gingivitis	2
Glaucoma, Unclassified (? — 1)	2
Glossitis, Acute	1
Goitre, Diffuse Colloid	1
Goitre, Exophthalmic (*see* Hyperthyroidism)	
Goitre, Intrathoracic	1
Gout (? — 1)	1
Gumma of Brain (? — 1)	2
Gumma of Heart (Left Ventricle)	1
Gumma of Liver (? — 1)	1
Gumma of Skin	1
Gumma of Skull	2
Headache, Cause Unknown	7
Heart Block (*see* also Table D)	7
Hemiplegia	16
Hemorrhage from Breast (? Vicarious Menstruation)	1
Hemorrhage, Intestinal	1
Hemorrhage into Medulla (? — 1)	1
Hemorrhoids, External	2
Hemothorax	1
Hernia, Femoral	2
Hernia, Inguinal	7
Hernia, Internal	1
Hernia, Ventral	3
Herpes, Labialis	3
Herpes, Simplex	3
Herpes of Tongue	1
Herpes Zoster	1
Hiccough, Hysterical	1
Hodgkin's Disease (? — 2)	4
Hydrocele	2
Hydronephrosis	1
Hydropneumothorax	1
Hydrops of Gall Bladder	1
Hydrosalpinx	2
Hydrothorax	13
Hyperchlorhydria	3
Hyperemesis Gravidarum	1
Hypernephroma of Kidney (? — 1)	2
* Hypertension, Non-nephritic (? — 1)	114
Hypertension, Nephritic (*see* Nephritis with Hypertension)	
Hyperthyroidism (Exophthalmic Goitre) (? — 4)	11
Hypertrophy of Prostate	3
Hypochlorhydria	6
Hypopituitarism	1
Hysteria (? — 3)	5
Ichthyosis (? — 1)	1
Indigestion, Fat	1
Indigestion, Acute Intestinal	2
Infantilism	1
Infarct of Heart	1
Infarct of Kidney (?— 1)	2
Inflammation of Salivary Glands	1
Inflammation of Submaxillary Glands	1
Influenza (? — 20)	566
Insolation	1
Insufficiency, Pancreatic (? — 1)	1
Iritis, Syphilitic	2
Iritis, Unclassified	2
Jaundice, Catarrhal (? — 2)	3

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* This is used for cases with hypertension in which there is slight evidence of extensive nephritis, cases in which renal disturbance does not seem the primary cause of the hypertension.

Jaundice, Unspecified	4
Keratitis, Ulcerative	1
Laryngitis, Acute and Chronic	22
Leprosy	1
Leukemia, Lymphatic	1
Leukemia, Myelogenous	1
Liver, Acute Yellow Atrophy of	2
Lymphadenitis, Acute	2
Lyphoma (? — 1)	2
Lymphosarcoma of Mediastinum	1
Lymphosarcoma of Neck	1
Lymphosarcoma of Spleen (? — 1)	1
Malabsorption of Fat	1
Malaria	1
Malnutrition	1
Manic Depressive Insanity (? — 1)	1
Meningitis, Unspecified (? — 2)	7
Meningitis, Epidemic Cerebrospinal	5
Meningitis, Syphilitic	3
Meningitis, Tuberculous (? — 3)	10
Menorrhagia	1
Miscarriage (? — 1)	13
Mumps	3
Muscular Atrophy, Progressive (? — 1)	2
Myelitis, Transverse	2
Myelomata, Multiple	1
* Myocarditis, Chronic (? — 9)	118
Myositis (? — 1)	3
Myotonia (Thomsen's Disease) (? — 1)	1
Nephritis, Acute (? — 7)	30
Nephritis, Acute of Pregnancy	1
Nephritis, Chronic (? — 14)	38
Nephritis, Chronic with Hypertension	60
Nephrolithiasis (? — 3)	9
Neurasthenia (? — 2)	18
Neuritis (? — 1)	6
Neuritis, Alcoholic (? — 1)	3
Neurosis, Gastric (? — 1)	4
No Diagnosis	3
No Disease	24
Obesity	2
Obstruction, Intestinal	6
Ophthalmoplegia Externa	1
Ophthalmoplegia Interna	1
Orchitis	2
Orchitis, Syphilitic	1
Osteitis Deformans (Paget's Disease)	1
Osteoma of Thoracic Vertebra (? — 1)	1
Otitis Media	23
Otitis Media, Suppurative with Acute Diffuse Labyrinthitis	1
Oxycephaly	1
Pachymeningitis, Hemorrhagica Interna (? — 1)	1
Pancreatitis, Chronic	1
Pancreatitis, Hemorrhagic	1
Panophthalmitis	1
Paralysis, Facial	6
Paralysis, Obstetrical	1
Paraplegia, Spastic	1
Pellagra (? — 1)	1
Pericarditis, Acute Fibrinous	7
Pericarditis, Acute Purulent	3
Pericarditis, Chronic Adhesive (? — 3)	7
Pericarditis, Unclassified	4
Pericarditis with Effusion	5
Perihepatitis (? — 1)	1
Periostitis, Syphilitic (? — 2)	4
Perisplenitis (? — 1)	1
Peritonitis, Acute Pelvic	1
Peritonitis, Acute Purulent	1
Peritonitis, Tuberculous (? — 1)	6
Pharyngitis	70
Phlebitis	8
Pleurisy, Acute Fibrinous	20
Pleurisy, Chronic	3
Pleurisy, Chronic Fibrous	6
Pleurisy, Sero-fibrinous	21

This diagnosis is used only for cases of cardiac insufficiency in which there is no evidence of an organic lesion of the valves.

Pleurisy, Tuberculous (? — 1)	4
Pneumonia, Broncho-(? — 33)	389
Pneumonia, Delayed Resolution (? — 1)	1
Pneumonia, Lobar (? — 4)	79
Pneumonia, Organizing	3
Pneumonia, Resolving (? — 1)	2
Pneumonia, Tuberculous	1
Pneumothorax (? — 1)	3
Poisoning, Acute Phenol	1
Poisoning, Chronic Morphine	1
Poisoning, Ergot (? — 1)	1
Poisoning, Food (? — 1)	1
Poisoning, Lead (? — 1)	2
Poisoning, Mushroom (? — 1)	1
Polycystic Kidney (? — 1)	1
Polycystic Liver	1
Polyserositis	2
Pompholyx	1
Pott's Disease (? — 1)	4
Pregnancy (? — 1)	24
Pregnancy, Extra-uterine	1
Prostatitis, Gonorrheal	1
Psoriasis	3
Psychoneurosis	2
Psychoneurosis, Anxiety Type	1
Psychoneurosis, Neurasthenic Type	2
Psychoneurosis, Hypochondriacal Type (? — 1)	1
Psychosis Post-puerperal	2
Psychosis, Toxic (? — 1)	4
Psychosis, Unclassified (? — 1)	1
Pyelitis (? — 1)	11
Pyelonephritis	3
Pyemia	1
Pylorospasm (? — 1)	1
Pyonephrosis	2
Pyopneumothorax	1
Raynaud's Disease (? — 1)	1
Relaxed Sacro-Iliac Synchondrosis	1
Renal Colic (? — 1)	1
Retinitis, Albuminuric (? — 1)	15
Retinitis, Syphilitic	1
Retroversion of Uterus	3
Rheumatism, Acute Articular (? — 2)	38
Rhinitis, Acute and Chronic	6
Rhinitis, Vaso-motor (Hay Fever)	1
Rubella	6
Rupture of Aorta	1
Salpingitis, Chronic	2
Sarcoma of Lung (? — 1)	1
Sarcoma of Neck (? — 1)	1
Sarcoma of Peritoneum, Liver, Spleen, and Retroperitoneal Glands	1
Scabies	1
Scarlet Fever	1
Sciatica	7
Scleroderma (? — 1)	2
Sclerosis, Multiple (? — 4)	7
Scoliosis	2
Senility	1
Septic Knee Joint	1
Septic Toe	1
Septicemia, Pneumococcus	1
Septicemia, Streptococcus	7
Septicemia, Streptococcus Hemolytic	1
Septicemia, Streptococcus Viridans	1
Shock, Anaphylactic	1
Sinusitis, Acute and Chronic (? — 1)	15
Situs Transversus	1
Spasm, Reflex, of Vocal Cords and Bronchi (? — 1)	1
Spina Bifida Occulta	1
Spinal Cord, Sclerosis, Amyotrophic Lateral	1
Spinal Cord, Sclerosis, Lateral (? — 1)	2
Splanchnoptosis (Visceroptosis)	6
Splenomegaly	2
Splenomegaly, Syphilitic (? — 1)	1
Stasis, Intestinal	5
Stenosis, Pyloric	1
Stenosis, Tracheal	1
Stomatitis	5
Stone in Common Duct	2

Strain of Back (? — 1)	2
Strain, Sacro-iliac (? — 4)	5
Stricture of Urethra	2
Strongyloides Intestinalis	2
Syphilis (? — 7)	196
Syphilis of Bones	2
Syphilis of Central Nervous System (? — 5)	18
Syphilis, Congenital (? — 1)	1
Syphilis of Liver	1
Syphilitic Involvement of Trachea or Large Bronchus with Stenosis (? — 1)	1
Tabes Dorsalis (? — 7)	36
Tachycardia, Paroxysmal	4
Tenia Saginata	4
Tenosynovitis, Gonorrheal (? — 1)	1
Thrombosis	9
Tonsillitis	97
Toxemia of Pregnancy	1
Tracheitis	21
Tuberculosis of Cecum (? — 1)	1
Tuberculosis, Genito-urinary (? — 1)	1
Tuberculosis, Intestinal	1
Tuberculosis of Joints (? — 1)	1
Tuberculosis of Kidneys (? — 1)	2
Tuberculosis of Lungs (? — 27)	64
Tuberculosis of Lymph Nodes	2
Tuberculosis, Miliary	4
Tuberculosis of Peritoneum	1
Tuberculosis of Pleura	1
Tumor of Brain (? — 2)	5
Tumor of Larynx (? — 1)	1
Tumor of Mediastinum (? — 1)	2
Tumor of Spinal Cord (? — 1)	1
Tumor of Stomach (? — 1)	1
Typhoid Fever	6
Typhus Fever (? — 1)	1
Ulcer of Arm	1
Ulcer of Colon	1
Ulcer of Duodenum (? — 2)	11
Ulcer of Leg, Syphilitic	2
Ulcer of Nose, Syphilitic	1
Ulcer of Stomach (? — 7)	13

Uncinariasis	2
Uremia	9
Urethritis, Acute Gonorrheal	7
Urethritis, Chronic (? — 1)	1
Urethritis, Chronic Gonorrheal	2
Urticaria	3
Vaginitis, Gonorrheal (? — 1)	3
Valvular Disease, Chronic Cardiac — Total Number of Cases	116
Aortic Insufficiency (? — 5)	20
Aortic Stenosis	5
Mitral Insufficiency (? — 3)	9
Mitral Stenosis (? — 3)	13
Tricuspid Insufficiency	1
Aortic Insufficiency and Aortic Stenosis (? — 2)	6
Aortic Insufficiency and Mitral Stenosis	2
Aortic Insufficiency and Mitral Insufficiency	8
Aortic Insufficiency and Stenosis and Mitral Insufficiency	2
Aortic Insufficiency, Mitral Insufficiency and Mitral Stenosis	9
Mitral Stenosis and Insufficiency (? — 7)	34
Mitral Stenosis and Insufficiency and Tricuspid Stenosis	1
Mitral Stenosis and Insufficiency and Tricuspid Insufficiency	1
Mitral Stenosis and Insufficiency and Tricuspid Stenosis and Insufficiency	1
Aortic and Mitral Stenosis and Insufficiency	3
Aortic, Mitral, and Tricuspid Stenosis and Insufficiency	1
Varicella	1
Vaso-motor Instability (? — 1)	4
Vincent's Angina	2
Vitiligo	1
Vomiting, Neurotic	2

Table B

Report of Medical Diseases in Terms of International Classification

January 1, 1918, to January 1, 1919

Nos. of International Nomenclature	Diseases and Conditions	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	GENERAL DISEASES				
1	Typhoid fever	6	..	6	..
2	Typhus fever	1	..	1	..
4	Malaria	1	..	1	..
7	Scarlet fever	1	..	1	..
9	Diphtheria	12	..	12	..
10	Influenza	557	..	557	153
14	Dysentery	2	..	2	..
17	Leprosy	1	..	1	..
19	Other epidemic diseases	7	..	7	..
20	Purulent infection and septicemia	4	..	4	3
28	Tuberculosis of the lungs (? — 6)	24	1	23	4
29	Acute miliary tuberculosis	3	..	3	2
30	Tuberculous meningitis (? — 3)	8	..	8	7
31	Abdominal tuberculosis	4	..	4	..
32	Pott's disease	1	..	1	..
33	White swellings	1	..	1	..
34	Tuberculosis of other organs (? — 1)	2	..	2	..
37	Syphilis (? — 4)	366	267	99	5
38	Gonococcus infection (? — 2)	7	..	7	..
39a	Epithelioma of buccal cavity	1	..	1	..
40a	Carcinoma of stomach and liver (? — 2)	14	..	14	2
41a	Carcinoma of peritoneum, intestines, rectum (? — 2)	4	..	4	..
41f	Sarcoma of peritoneum, intestines, rectum	1	..	1	1
42a	Carcinoma of female genital organs	4	..	4	1
43a	Carcinoma of breast	2	..	2	1

Nos. of International Nomenclature	Diseases and Conditions	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
45a	Carcinoma of other organs and organs not specified	5	..	5	2
45e	Hypernephroma of kidney	1	..	1	..
45f	Sarcoma of other organs (? — 1)	2	..	2	..
46	Other tumors (tumors of female genital organs excepted)	4	..	4	..
47	Acute articular rheumatism (? — 2)	35	..	35	..
48	Chronic rheumatism and gout	1	..	1	..
50	Diabetes (? — 2)	59	12	47	4
51	Exophthalmic goitre (? — 2)	14	5	9	..
53	Leukemia (? — 1)	6	..	6	..
54	Anemia, including chlorosis	32	11	21	4
55	Other general diseases	4	..	4	..
56	Alcoholism (acute and chronic) (? — 1)	5	..	5	..
57	Chronic lead poisoning	1	..	1	..
59	Other chronic poisonings (? — 1)	1	..	1	..
	DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE				
60	Encephalitis	2	..	2	2
61	Simple meningitis	7	..	7	2
62	Locomotor ataxia (? — 2)	93	77	16	..
63	Other diseases of spinal cord (? — 3)	13	3	10	..
66	Paralysis without specified cause (? — 2)	23	2	21	8
67	General paresis of the insane (? — 1)	5	1	4	..
68	Other forms of mental alienation (? — 4)	7	..	7	..
69	Epilepsy (? — 4)	12	2	10	..
72	Chorea (? — 1)	7	1	6	1
73	Neuralgia and neuritis (? — 1)	12	..	12	..
74	Other diseases of the nervous system (? — 4)	21	..	21	..
75	Diseases of the eyes and their annexa	4	..	4	..
76	Diseases of the ear	5	1	4	..

Nos. of International Nomenclature	Diseases and Conditions	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	DISEASES OF THE CIRCULATORY SYSTEM				
77	Pericarditis	7	5	2	1
78	Acute endocarditis	3	..	3	2
79	Organic diseases of the heart (? — 5)	185	55	130	36
80	Angina pectoris (? — 2)	7	3	4	1
81	Diseases of the arteries, atheroma, aneurysm, etc..	27	7	20	4
82	Embolism and thrombosis	1	..	1	1
83	Diseases of the veins	1	..	1	..
84	Diseases of the lymphatic system	1	..	1	..
85	Hemorrhage, other diseases of the circulatory system	24	1	23	1
	DISEASES OF THE RESPIRATORY SYSTEM				
86	Diseases of the nasal fossæ	4	..	4	..
87	Diseases of the larynx	8	..	8	..
88	Diseases of the thyroid body	3	..	3	..
89	Acute bronchitis (? — 1)	28	1	27	..
90	Chronic bronchitis	18	1	17	..
91	*Broncho-pneumonia	17	..	17	8
92	Pneumonia (? — 4)	74	..	74	18
93	Pleurisy	38	1	37	..
96	Asthma	25	4	21	..
98	Other diseases of the respiratory system (tuberculosis excepted)	1	..	1	..

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* This figure gives an inadequate idea of the actual number of cases of broncho-pneumonia, because in the International Classification if the broncho-pneumonia is in sequence to an acute infectious disease such as influenza the cases are tabulated under that heading and not as cases of broncho-pneumonia. The actual number of cases of broncho-pneumonia was 389, of which 161 died. Most of these were in sequence to influenza and appear under that heading in the table.

Nos. of International Nomenclature	Diseases and Conditions	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	DISEASES OF THE DIGESTIVE SYSTEM				
99	Diseases of the mouth and annexa	6	. .	6	. .
100	Diseases of the pharynx	110	8	102	. .
102	Ulcer of the stomach (? — 4)	9	. .	9	. .
103	Other diseases of the stomach (cancer excepted) (? — 3)	19	. .	19	. .
105	Diarrhœa and enteritis (2 years and over) . .	29	. .	29	1
107	Intestinal parasites	6	. .	6	. .
108	Appendicitis and typhilitis (? — 2)	2	. .	2	. .
109	Hernia; intestinal obstruction.	5	. .	5	. .
110	Other diseases of the intestines	27	. .	27	. .
111	Acute yellow atrophy of liver	2	. .	2	2
113	Cirrhosis of the liver	10	1	9	4
114	Biliary calculi (? — 1)	6	. .	6	. .
115	Other diseases of the liver (? — 2)	7	. .	7	. .
116	Diseases of the spleen	2	. .	2	. .
117	Simple peritonitis (non-puerperal)	1	. .	1	. .
118	Other diseases of the digestive system (cancer and tuberculosis excepted).	2	. .	2	. .
	NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA				
119	Acute nephritis (?— 4).	21	3	18	. .
120	Bright's disease (? — 6).	84	26	58	14
122	Other diseases of the kidneys and annexa (? — 1)	12	2	10	. .
123	Calculi of the urinary passages (? — 2)	7	. .	7	. .
124	Diseases of the bladder (? — 1)	1	. .	1	. .
126	Diseases of the prostate	2	. .	2	. .
129	Uterine tumor (non-cancerous)	2	. .	2	. .
130	Other diseases of the uterus	2	. .	2	. .
131	Cysts and other tumors of the ovary	1	. .	1	. .
132	Salpingitis and other diseases of the female genital organs	2	. .	2	. .
	THE PUERPERAL STATE				
134	Accidents of pregnancy	3	. .	3	. .
138	Puerperal albuminuria and convulsions	1	. .	1	. .

Nos. of International Nomenclature	Diseases and Conditions	Total No. of discharges	Discharges of patients admitted more than once	Actual No. of patients completing their stay in the hospital	No. of deaths
	DISEASES OF THE SKIN AND CELLULAR TISSUE				
145	Other diseases of the skin and annexa	4	..	4	..
	DISEASES OF THE BONES AND ORGANS OF LOCOMOTION				
146	Diseases of the bones (tuberculosis excepted) (? — 1)	6	..	6	..
147	Diseases of the joints (tuberculosis and rheumatism excepted)	22	1	21	..
149	Other diseases of the organs of locomotion (? — 3)	11	..	11	..
	CONGENITAL MALFORMATIONS				
150	Congenital malformations	1	1	..	..
	EARLY INFANCY				
151	Premature birth	5	..	5	3
	AFFECTIONS PRODUCED BY EXTERNAL CAUSES				
164	Poisoning by food (? — 1)	1	..	1	..
165	Other acute poisonings	1	..	1	1
167	Burns (conflagration excepted)	1	..	1	..
179	Effects of heat	1	..	1	..
185	Fractures	1	..	1	..
186	Other external violence	2	..	2	..
	ILL-DEFINED DISEASES				
187	Ill-defined organic disease	1	..	1	..
189	Unclassified or ill-defined (?— 1)	71	5	66	1
	Total all cases discharged in 1918	2396	508	1888	300
	Cases remaining in the wards January 1, 1919	83			
		2479			

Table C

Summary of Medical Report

JANUARY 1, 1918, TO JANUARY 1, 1919

Total number of medical admissions in 1918		2406	
Total number of medical cases remaining in wards January 1, 1918		73	
			2479
Total number of medical re-admissions discharged in 1918	508		
Total number of medical new cases discharged in 1918	1888		
		2396	
Total number of medical cases remaining in the wards January 1, 1919		83	
			2479
Results on medical cases discharged in 1918 were as follows:			
Total number discharged well	542		
improved	1162		
unimproved	159		
untreated	109		
transferred to Surgical Service	124		
dead	300		
		2396	
Total number of medical cases remaining in the wards January 1, 1919		83	
			2479

Table D

Electrocardiographic Studies

January 1, 1918, to January 1, 1919

Abnormal Form of Curve (? — 1)	14
Auricular Extrasystoles (? — 2)	14
Auricular Fibrillation (? — 1)	59
Auricular Flutter (? — 1)	1
Auricular Flutter, Paroxysmal	1
Bradycardia	4
Bundle Block, Right (? — 1)	1
Coupled Beats	1
Defective Conduction	6
Delayed Conduction	23
Digitalis Effect	2
Dropped Beat	1
Heart Block, Complete	3
Heart Block, Partial	8
Hypertrophy, Auricular (? — 6)	24
Hypertrophy, Left Ventricular (? — 15)	149
Hypertrophy, Right Ventricular (? — 7)	42
Nodal Extrasystoles	2
Normal Curves (? — 8)	57
Sinus Arrhythmia	18
Tachycardia, Auricular	2
Tachycardia, Auricular Paroxysmal	5
Tachycardia, Normal	4
Tachycardia, Paroxysmal	2
Variation in Pacemaker (? — 2)	5
Ventricular Extrasystoles	53
Ventricular Extrasystoles, Interpolated	2

OUT-DOOR DEPARTMENT

In general the work of the Out-Door Department has gone on as in previous years. The Social Service work under Miss Cheney's direction has been increasingly helpful. War conditions necessitated many and frequent changes in the doctors working in the Out-Door Department, and these changes undoubtedly lessened the efficiency of the work, — a regrettable fact, but one that seemed unavoidable under the circumstances. The various classes were maintained and the reports of their work follows.

CARDIAC CLASS

Miss Homans reports as follows: The Cardiac Class has been necessarily less regular during the past year, but efforts have been made to keep in touch with the patients referred from the House and the Out-Door Department. Whenever it has been possible for the same doctor to take charge of the class for several months at a time, the attendance has always been more satisfactory, for these patients need to feel the necessity of reporting regularly, and they are much more likely to do this if they know that the doctor whom they have seen before is expecting them to return. A number of boys and girls, still in school, have been followed sufficiently closely to make sure that they are not doing more than is good for them. When it seems necessary to investigate the amount of stair climbing being done by them in school, the teachers are always ready to discuss the matter, and readjustments to lower rooms have been made, in one or two instances, with good results. One is always tempted to spend a larger proportion of one's time in trying to help the patients with less hopeful futures rather than in supervising those who, so far, have little apparent trouble, although we know that they have a definite heart lesion. This latter group, however, is really the one on which we should put our best efforts, for no one can know intimately the lives of people with chronic cardiac disease without realizing the difficulties that are ahead, not only for themselves and their families, but for the community.

Diabetic Class

The Diabetic Class has been conducted by Mrs. Mark and medical supervision has been given by Dr. West. Mrs. Mark reports as follows: The treatment of diabetes begun by Dr. Allen might be considered, after three years' application to hospital cases, to be no longer a novelty; yet every day some new diabetic appears to whom the proper regulation of his diet comes as an entirely new idea and a fresh source of hope.

The Diabetic Class, which meets every Thursday at 2 P. M., is conducted in accord with the trend of the present day in public health methods, the principle being to educate the patients so that they can control their own cases, or at least coöperate intelligently in their treatment. To each new patient a careful explanation is given of the regulation of the diet, with the reasons for the necessary care in the kinds of food chosen, also in the quantity of these foods. The most important point is, however, that the patient is trained to test his own urine for sugar every day. By means of this daily test there results a more accurate record of his condition than the occasional examination at the hospital would furnish, and, moreover, the patient assumes a considerable responsibility for his own case.

The year 1918 was the third year of the Diabetic Class. About one hundred and twenty-five different patients attended during the year. It is difficult to assign an exact number to the list of members, because of the occasional appearance of several of the older members of the class who sometimes return when they feel in need of advice in crises, or who call in a friendly spirit to report their general good condition. The increase due to new members was about equal to that of 1917, but the number of patients who might be classed as in good regular standing — that is, of those who coöperate with the doctor seriously and intelligently — was rather larger than in the previous year. A review of the year warrants the assurance of the continued value of the class.

Renal Class

Dr. O'Hare and Miss Griffin have conducted the Renal Class and report the following: Our Renal Class has completed its second year of existence, and in spite of war and the absence of our nurse for three months while serving as head nurse on an influenza ward, the objects for which it was started have been carried out in large part.

Our meetings have been held once a week, with an average attendance of four patients. Occasionally there have been as many as ten. This, however, is too large a class for the greatest satisfaction to the patient and to the physician. Four per day seems to be the ideal number. Our numbers have increased since last year in the actual number of patients, in the number of those in regular attendance, and in the total number of visits. The character of the class, too, has changed somewhat. This year we have been especially interested in studying two types of cases — the earlier acute and subacute nephritics and the cases of vascular hypertension. Our object in the former group is the scientific object of the class: to follow carefully the course of the nephritic from the beginning to the end; to try to find out why he becomes chronic, and to devise means to inhibit or prevent the downward progress of the disease. This is extremely slow work, requiring perhaps years for results.

The second group of cases, those with vascular disease, is of greater immediate interest in that they offer problems for immediate solution — the diagnosis, vascular reactions, treatment, etc. Our oldest group of chronic nephritics we are still following. Six have died within the year. On the other hand, we feel that the discipline of the class, the close watch of the renal function and the diet, has prolonged the life of several very severe nephritics who were in uremia over a year ago. One difficulty in the class has been that of keeping patients on a fixed intake of protein. We have given patients different menus for certain days, but this is not at all satisfactory. It is not always convenient for poor people to follow such menus exactly. There is not enough freedom of choice. We think we can remedy this by a plan which will allow the patient to take a definite number of portions of any desirable foods, the total portions in twenty-four hours to contain the number of grams of protein which we think we should have.

The statistics of the class follows:

	1917	1918
Total number of patients in Renal Class . . .	55	83
Total number of visits	303	312
Total number of patients referred to hospital .	10	20
Total number of patients referred for operation	1	2
Total number of patients who have died . . .	3	5
Total number of Social Service calls	21	24

The Renal Class has been made possible by the grant of $2000 a year for three years from the Proctor Fund for the Study of Chronic Disease of the Harvard Medical School. This forms a part of an investigation of nephritis being carried on under this grant.

Bronchial Asthma Clinic

This clinic, made possible through the gift of Mr. Charles F. Choate, Jr., was conducted by Dr. Chandler

Walker and Miss Adkinson. In the Asthma Clinic 252 new patients were studied. Of this number 61 were relieved of asthma, 26 were greatly improved, 46 were not benefited at all, 22 have been under treatment too short a time to determine the results, 22 were out-of-town cases and the result of treatment has not been reported, and the remaining 75 patients either did not report for treatment at all or discontinued treatment after a very limited number of treatments, so that in 75 patients there was little or no advantage gained either by them or by us. In addition to these new patients, naturally many old patients from the previous year were still under treatment.

During the hay-fever season 134 new hay-fever patients were studied. Of this number 30 were prevented from having hay fever at all, 15 others had only very slight symptoms, 25 others had what they called "some" hay fever but they stated that they were satisfied with the treatment, 16 were not benefited at all, 18 were either too late for treatment or came only for diagnosis, and 30 have not reported on the results of treatment. In addition, 21 patients who had been treated for hay fever during the previous year were again treated this year, and of these 11 were prevented from having hay fever at all and 10 have not reported the result of treatment.

It is of interest to compare the amount of work done in this department during the year 1918 with that done in the previous two and one-half years. During the previous two and one-half years 345 patients with asthma were studied, whereas in 1918 alone 252 new patients were studied, and as regards hay fever during the previous season (1917) only 50 patients were treated, whereas during 1918, 134 new patients were treated. These statistics not only show the increase in the size of the two clinics during the year 1918, but also represent the increased amount of work which was done even though because of the war, which depleted our staff, much of our time and attention was required for general hospital duties.

The present methods of diagnosing the cause and of outlining the proper treatment of bronchial asthma may be applied by the general practitioner, and these methods offer relief from asthma in at least 50 per cent of the cases, and from considerable to marked improvement in 20 per cent more; in about 30 per cent of the cases the present methods either fail to find the cause or treatment fails. In this 30 per cent now not benefited the causative factors probably are complex. It is upon this 30 per cent that future study needs to be concentrated to round out our investigation. In order properly to carry out such a study it seems necessary to have patients under constant supervision in the wards of a hospital or a well-equipped convalescent home to permit of a more thorough study. This would permit of various functional tests, especially as regards the condition of the heart, lungs, and kidneys; in no other way could such tests be satisfactorily applied. Furthermore, by keeping the patients under such conditions, effects of rest, proper diet, proper exercise, breathing exercises, and the like, could be tried out, things which cannot be satisfactorily carried out in an out-door clinic. For such a study money is needed, and a great deal of good very likely would result from a moderate investment. Certainly such an investigation would be worth while if this 30 per cent of asthmatics not benefited by present means of treatment could be helped.

SPECIAL STUDIES

During 1918 the following scientific papers were published from the Medical Service:

CHRISTIAN. Tests for the Measurement of Renal Efficiency in Relation to Prognosis in Nephritis. Penn. Med. Jour., 1918, Vol. XXI, p. 233.

Christian. Complete Heart-Block. Med. Clinics of No. America, 1918, Vol. I, p. 813.

——Partial Heart-Block. Med. Clinics of No. America, 1918, Vol. I, p. 831.

——Chronic Myocarditis. Med. Clinics of No. America, 1918, Vol. I, p. 853.

——Chronic Myocarditis: A Clinical Study. Jour. Am. Med. Assoc., 1918, Vol. LXX, p. 1909.

——The Frequency of Pulmonary Compression Signs in Acute Fibrinous Pericarditis. Jour. Am. Med. Assoc., 1918, Vol. LXXI, p. 419.

——Incorrectness of the Diagnosis of Death from Influenza: Presence of Broncho-pneumonia in Practically all Persons Severely Ill with Influenza. Jour. Am. Med. Assoc., 1918, Vol. LXXI, p. 1565.

——Acute Vegetative Endocarditis. International Clinics, 1918, Vol. III, p. 1.

——Diseases of the Kidneys. Progressive Medicine, 1918, Vol. IV, p. 135.

——Pneumonia Following Influenza. Health News (Monthly Bulletin New York Department of Health), 1918, Vol. XIII, p. 328.

——Pericarditis with Effusion. International Clinics, 1918, Vol. IV, p. 23.

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My studies during 1918 were concerned with diseases of the kidney and heart, and influenza. From the cases of chronic myocarditis studied in our wards since the opening of the hospital the following analysis and deductions were made: "There is a common chronic cardiac condition, in a general hospital for adults, equal in frequency of occurrence to chronic valvular disease of the heart, which, for want of a better term, may be called chronic myocarditis. By this term is meant cardiac insufficiency from myocardial disturbance without organic lesion of the heart valves. A very large proportion (366 out of 407) of these patients on admission to the hospital are over forty years of age, and somewhat more are men than women. The heart is nearly always enlarged, and usually there is a systolic murmur at the apex; but whatever its intensity or transmission, it is very rare to find any thickening or distortion of the valve flaps or chorda tendineæ. Acute rheumatic fever and syphilis are both relatively uncommon in these cases, and neither plays any considerable part in the etiology. Chronic use of alcohol occurs in about one-third of the cases. High blood pressure is often found, but is absent in more than half of the cases. Chronic nephritis is often present, as is hypertension; but in seventeen out of forty-one cases at necropsy, the kidneys showed no chronic nephritis. Coronary sclerosis is an important factor in only about half of the cases. Increase of interstitial connective tissue is the lesion most often found in the heart muscle, but in numerous cases the heart muscle seems practically normal except for hypertrophy of the fibers. Electrocardiography often gives evidence of disturbed muscle function. About half the cases show auricular fibrillation or flutter or distortion of the ventricular complex, indicating some disturbance in the conduction system; but in even advanced cases the electrocardiogram often shows no significant disturbance. Digitalis in the earlier breaks in compensation is a very efficient drug, and diuretics produce marked diuresis."

In cases of acute pericarditis there was pointed out the frequent occurrence of certain pulmonary signs suggesting pneumonia, but due to other causes. "In a large percentage of patients with acute pericarditis (thirty-nine, or 73.5 per cent of fifty-three patients observed), definite physical signs are found in the left lower back. These are dullness of varying extent and usually bronchial breathing and bronchophony. The signs appear to be the result of compression of pulmonary tissue, that is, atelectasis of the left lower lobe. Moderate amounts of pleural fluid are often demonstrated. Compression either from the heart and pericardium or from the pleural fluid or from both appears to be the main cause. Intrapulmonary changes of an inflammatory nature may play a part, but this is not proved. The frequency of the occurrence of these signs and their localization on the left point to some causal relationship to the acute pericarditis. The pulmonary signs exert little influence on the course of the disease and the prognosis. Almost all of the patients recover, except those in whom the pericarditis is more or less a terminal event in some chronic condition."

The great frequency and importance of pneumonia following influenza has been emphasized in two papers. Another phase of the influenza epidemic has been emphasized, namely, the effects of shortage of doctors and nurses. "The seriousness of the epidemic of influenza apparently was enhanced greatly by the shortage of physicians and nurses. Prompt recognition of the disease by the physician, emphatic orders to go to bed and stay there, and simple nursing that provided attention enough to allow the patient to remain continuously in bed and have a simple nutritious diet at frequent intervals, were the things needed. Our inability to provide this must have greatly increased the incidence of pneumonia in the influenza epidemic and the consequent mortality. War conditions in part were responsible, but without the war we were not prepared effectually to deal with a pandemic of the nature of influenza. To the usual supply of physicians and nurses is needed the addition of a large reserve of men and women trained in the simple methods of the care of the sick and understanding how to protect themselves against the dangers from diseases transmitted by various forms of contact. Here is a field for work for public health officers, trained nurses, and the Red Cross. That the lesson of this epidemic will go home to those in charge of the activities of such people is greatly to be desired. Now is the time to prepare to be ready for the next epidemic emergency. Though of wars there may be an end in sight, of epidemic disease we know there will be repetitions. Judging the future by the past, pandemics of influenza are inevitable; I cannot see that from this recent one we have learned the wherewithal to prevent the next, but to handle it we can and should be better prepared."

Dr. Frothingham has published a paper on renal function in acute infectious diseases with some interesting results. "It is evident that in the cases of acute infection in which there is no evidence of serious renal involvement, there is no constant impairment of renal function, as shown by these tests, either during or after the acute stage of the infection has passed. In some of the cases in the various diseases certain suggestions of impairment of function occur, but not consistently enough to draw any definite conclusions. Thus, in the group of pneumonia cases of Type I the blood urea was elevated in two cases during the fever and the index of excretion lowered in these cases. In one case of pneumonia, Type IV, the renal function was slightly below the average in two of the tests after the fever in a case in which the function had been especially active during the fever. Also, in one of the cases of rheumatic fever the function as shown by the index and the phenolsulphonephthalein was below normal after the fever. In this case there had been no increase in function during the fever. On the other hand, the striking feature about many of these cases in all the groups was the frequency of an abnormally high index of urea excretion during the course of the fever. As this increase in the index was not associated with an increase in the phenolsulphonephthalein excretion or an abnormally low blood urea, in most of these cases it seems more likely that it depends on some factors peculiar to fever which affect this test rather than to a hyperactivity of the kidneys during fever. Just what the factors are which caused this high index are not made clear by this study. From these studies it may be concluded that these tests for renal function, namely, the phenolsulphonephthalein elimination, the urea nitrogen in the blood, and the index of urea elimination, failed to show consistent evidence of impaired renal function during the course of or following these acute infections in which the clinical picture or the urinary examination by the older methods showed nothing suggestive of acute nephritis."

Dr. Peabody summarized his studies of dyspnea covering several years in a paper which was presented before the Harvey Society of New York.

The other papers by various members of the staff cover a wide variety of subjects and are illustrative of the character and scope of the studies that the clinic has been able to make as a regular integral part of the work of maintaining a general medical clinic not primarily devoted to research. It is the opportunity of conducting such work while serving in the care of patients that attracts to our staff the best type of young medical men capable of giving to our patients a very high grade of service. The importance of such studies in the efficiency of the hospital work is great. Without them the hospital would be almost sure to deteriorate rapidly into a very commonplace type of institution. To progress we need more facilities for special studies, a thing already emphasized in pointing out the need of a new building for quartering an enlarged resident staff and of funds for special investigation.

In addition to supplying numerous medical men for army service, the staff has carried added burdens of medical instruction, thereby contributing indirectly to war work by aiding to maintain instruction to medical students, house officers, and nurses to prepare a continuous supply of recruits for war work. Dr. Christian in the latter part of the year has attended as a member a number of meetings in New York of a commission appointed by Governor Whitman to study the cause and management of influenza.

In October the Trustees granted leave of absence to Dr. Christian to serve in the Medical Corps of the United States army as a field consultant in medicine, but the armistice made unnecessary the assumption of these duties. In the closing weeks of the year Dr. Frothingham returned to hospital duties after doing important medical military work ending as Commanding Officer at the Base Hospital at Camp Devens with the rank of Lieutenant Colonel.

It is hoped that early in 1919 all other absent members of the staff will return. In the next report it is planned to give a résumé of the war activities of staff members and former medical house officers. At present not all the needed data for such is at hand and for many their army activities have not ended.

HENRY A. CHRISTIAN,
Physician-in-Chief.

Register of Present Members of the Staff

Abbreviations

P.B.B.H. — Peter Bent Brigham Hospital
B.C.H. — Boston City Hospital
J.H.H. — Johns Hopkins Hospital
M.G.H. — Massachusetts General Hospital
Harv. — Harvard University
H.M.S. — Harvard Medical School
J.H.M.S. — Johns Hopkins Medical School
H.O. — House Officer

Atwater, Reginald Myers
A.B., Colorado, 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H.*

Balyeat, Ray Morton
A.B., Oklahoma Univ., 1912; B.S., Oklahoma Univ., 1915; M.A., Oklahoma Univ., 1916; M.D., Oklahoma Univ., 1918; *Med. H.O., P.B.B.H.*

Berry, Frank Brown
A.B., Harv., 1914; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., Jan. 9, 1918 — March 1, 1918;* 1st Lieut., Med. Corps, U. S. Army.

Bryant, John
A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, Nov. 1905–June 1906; M.D., H.M.S., 1907; Instr. in Pathol. & Neuropathol., H.M.S., Sept. 1907–June 1908; Surg. House Pupil, M.G.H., Dec. 1908–April 1910; Research in Europe, June 1912–Sept. 1913 & June 1914–Sept. 1914; Asst. in Anatomy, H.M.S., since Sept. 1913; Grad. Asst., M.G.H., Children O.P.D., Jan. 1915, Neurol. O.P.D., Feb. 1915–June 1916; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., Jan. 1915–June 1916; *Vol. Asst., P.B.B.H., July 1916–Jan. 1917; Assoc. in Med., P.B.B.H.* (on leave).

Cannon, Walter Bradford
A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., H.M.S., 1900; Instr. in Zoölogy, Harv., 1899–1900; Instr. in Physiol., H.M.S., 1900–02; Asst. Prof. Physiol., H.M.S., 1902–06; Geo. Higginson Prof. Physiol., H.M.S.; *Consulting Physiol., P.B.B.H.*; Fellow Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer, Royal Society, London, 1918; Lieut. Col., U.S. Army; Director of Lab. of Surg. Research American Expeditionary Force, France, 1918.

Chase, Henry Melville
S.B., Dartmouth, 1897; M.D., H.M.S., 1901; House Pupil, M.G.H., 1901–02; Asst. Surg., Boston Dispensary, 1906–14; Fellow Am. Col. of Surg., 1912; Surg., Boston Dispensary; Surg., Berkeley Infirmary; *Assoc. in Surg., P.B.B.H.*

Cheever, David
A.B., Harv., 1897; M.D., H.M.S., 1901; Surg. H.O., B.C.H., 1901–03; Asst. in Anatomy, H.M.S., 1903–08; Asst. Visit. Surg., B.C.H., 1905–12;

Demonstr. in Anatomy, H.M.S., 1908–13; *Surg., P.B.B.H.*; Asst. Prof. of Surg. Anatomy, H.M.S.; Asst. Prof. of Surgery, H. M. S.; Chief Surg. 2nd Harv. Unit. British Expeditionary Force, France, Dec. 1915–March 1916.

CHRISTIAN, HENRY ASBURY
A.B. & A.M., Randolph-Macon, 1895; Grad. Stud., Randolph-Macon, 1895–96; M.D., J.H.M.S., 1900; A.M., Harv., 1903; Asst. Pathol., B.C.H., 1900–02; Asst. Visit. Pathol., B.C.H., 1902–05; Asst. Visit. Pathol., Children's Hosp., Boston, 1902–05; Instr. in Pathol., H.M.S., 1902–05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of Medical Students, M.G.H., 1905–07; Instr. in Theory & Practice of Physic, H.M.S., 1905–07; Asst. Prof. in Theory & Practice of Physic, H.M.S., 1907–08; Phys.-in-Chief, Carney Hosp., Boston, 1907–12; Dean, Faculty of Med. & of Med. School, Harv., 1908–12; Fellow Am. Acad.; Hersey Prof., Theory & Practice of Physic, H.M.S.; *Phys.-in-Chief, P.B.B.H.*

CROCKETT, EUGENE ANTHONY
Acting Consulting Otologist & Laryngologist, P.B.B.H.

CUSHING, HARVEY
A.B., Yale, 1891; A.M. & M.D., Harv., 1895; Hon. F.R.C.S., London, 1913; Hon. A.M., Yale, 1913; D.Sc., Washington Univ., 1915; Hon. F.R.C.S.I., 1918; House Pupil, M.G.H. 1895–96; Res. Surg., J.H.H., 1896–1900; Asst. Instr. & Assoc. Prof. in Surg., J.H.M.S. 1898–1912; *Surg.-in-Chief, P.B.B.H.*; Moseley Prof. of Surg., H.M.S.; Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–June 1915; Major, U.S. Army Base Hospital, No. 5, British Expeditionary Force, 1917–18; Senior Consultant, Neurological Surgery, American Expeditionary Force; Colonel, U.S. Army, 1918–19.

DAY, HILBERT FRANCIS
Ph.B., Yale, 1901; M.D., H.M.S., 1905; Surg. H.O., B.C.H., Oct. 1905–Nov. 1907; House Phys., Boston Lying-in Hosp., Nov. 1907–July 1908; 3rd Asst. Visit. Surg., B.C.H. (Gynecol. Dept.), 1908–09; 4th Asst. Visit. Surg., B.C.H., 1909; District Phys., Boston Dispensary, Oct. 1909–Oct. 1912; Asst. to Surgeons, Boston Dispensary, Nov. 1911–Nov. 1912; Surg., Maverick Dispensary, E. Boston, 1913–14; Asst. Surg., Boston Dispensary, Nov. 1912–Aug. 1914; Surg., Boston Dispensary; 1st Asst. Surg., Beth Israel Hosp., 1917–1918; *Assoc. in Surg., P.B.B.H.*

DEAN, JR., ARCHIE LEIGH
B.S., Cornell, 1913; M.D., Cornell, 1917; *Surg. H.O., P.B.B.H., May 1917–Feb. 1918.*

DENNY, GEORGE PARKMAN
A.B., Harv. 1909; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913–July 1, 1914;* Vol. Lab. of Physiol. Research, J.H.M.S., 1914–15; Alumni Asst. in Med., H.M.S., 1915–16; Asst. in Clin. Pathol., H.M.S.; *Assoc. in Med., P.B.B.H.*; Attending Phys., St. Luke's Home, Boston; Phys. to Med. Students, H.M.S.

DEVAN, THOMAS ALAN
B.S., Rutgers, 1906; M.D., J.H.M.S., 1910; H.O., Presbyterian Hosp., N.Y. City, Jan. 1, 1911–Jan. 1, 1913; *2nd Asst. Supt., P.B.B.H.*, Aug. 1, *1913–May 1, 1917; 1st Asst. Supt., P.B.B.H.* (on leave of absence); 1st Lieut., Med. Corps, U.S. Army, Nov. 5, 1918–Dec. 6, 1918.

DONALD, DOUGLAS
B.S., Michigan, 1916; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H.*

ELIOT, MARTHA MAY
A.B., Radcliffe, 1913; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H.*

FOLIN, OTTO
S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Mem. Nat. Acad., 1916; Student, Univs. of Sweden & Germany, 1897 & 1898; Asst. Prof. of Physiol. Chem., Univs. of W. Va., 1899–1900; Research Chem., McLean Hosp., Waverley, 1900–08; Assoc. Prof. of Biol. Chem., H.M.S., 1907–09; Hamilton Kuhn Prof. of Biol. Chem., H.M.S.; Chem., M.G.H.; *Consulting Chem., P.B.B.H.*

FOSTER, JOHN HESS
B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H.O., P.B.B.H., July 1, 1917–June 15, 1918;* 1st Lieut., Med. Corps, U.S. Army.

FREMONT-SMITH, MAURICE
A.B., Harv., 1913; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

FROTHINGHAM, CHANNING
A.B., Harv., 1902; M.D., H.M.S., 1906; Med. H.O., B.C.H., 1906–07; Asst. Visit. Phys., Carney Hosp., O.P.D., Boston, 1908–12; Sec'y, Faculty of Med., Harv., 1908–13; Asst. in Theory & Practice of Physic, H.M.S., 1908–13; Instr. in Med., H.M.S.; Phys., P.B.B.H. (on leave for army service); 1st Lieut., Med. Corps, June 1, 1917–Aug. 4, 1917; Major, Med. Corps, Aug. 4, 1917–March 25, 1918; Med. Off. Train. Camp, Ft. Benj. Harrison, June 1, 1917–Nov. 1917; Chief Med. Service, Base Hospital, Camp Devens, Nov. 1, 1917–Jan. 1, 1918; Lieut. Col., Med. Corps, Nat. Army, March 25, 1918–Dec. 5, 1918; Commanding Officer, Base Hospital, Camp Devens, Jan. 1, 1918–Dec. 1, 1918.

GABE, WILLIAM EDWIN
Stud., 3 yrs., Indiana Univ., M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

GRAVES, ROGER COLGATE
A.B., Syracuse Univ., 1913; M.D., Syracuse Univ. Med. School, 1918; *Surg. H.O., P.B.B.H.*

HALE, WORTH
A.B., Univ. of Michigan, 1904; M.D., *ibid.*, 1904; *Assoc. in Med., P.B.B.H. Nov. 1, 1917–Dec. 31, 1918.*

HERRMANN, GEORGE RUDOLPH
B.S., Univ. of Michigan, 1916; M.D. & M.S., *ibid.*, 1918; *Med. H.O., P.B.B.H.*

HOMANS, JOHN
A.B., Harv., 1899; M.D., H.M.S., 1903; House Pupil, M.G.H., 1903–04; Asst. in Hunterian Lab., J.H.M.S., 1908–09; Vol. Asst. Surg., Children's Hosp., Boston, 1909–10; Surg., M.G.H., O.P.D., 1910–12; Asst. in Surg., H.M.S., 1910–13; Surg., Boston Dispensary, 1913–14; Assoc. in Surg., H.M.S., 1914–15; Instr. in Surg., H.M.S.; *Surg., P.B.B.H.* (on leave for army service).

Houston, Jr., David Walker
A.B., Princeton, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., July 1, 1916–Nov. 1, 1917; Asst. Res. Surg., P.B.B.H., Nov. 1, 1917–Feb. 8, 1918;* 1st Lieut., Med. Corps, U.S. Army.

Howard, Herbert Burr
A.B., Harv., 1881; M.D., H.M.S., 1884; Asst. Phys., State Infirmary, Tewksbury, Mass., 1884–85; in Practice at Idaho Springs, Colo., 1885–87; Asst. Phys., State Infirmary, 1887–91; Supt., *ibid.*, 1891–97; Res. Phys., M.G.H., 1897–1908; *Supt., P.B.B.H.;* Mem. Mass. State Bd. of Insanity, 1898–1913 (Chairman, 1908–13); Pres., Am. Hosp. Ass'n, 1909–10; Trustee, Gardner State Colony.

Jack, Edwin Everett
A.B., Harv., 1884; M.D., H.M.S., 1887; *Acting Consulting Ophthalmologist, P.B.B.H.*

Jacobson, Conrad
B.S., Beloit, 1900; Grad. Stud. 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. & Bacteriology, Armour Inst. of Technology, 1903–05; Research Asst. in Pathol., Univ. of Chicago, 1907–08; M.D., J.H.M.S., 1911; Asst. in Surg., Hunterian Lab., J.H.M.S., 1911–12; *Asst. Res. Surg., P.B.B.H.*, Sept. 1, 1912–Sept. 1, 1915; Asst. in Surg., H.M.S.; *Res. Surg., P.B.B.H.*

Jacobson, Victor Clarence
S.B., Wisconsin, 1915; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., July 18, 1917–July 1, 1918;* Med. Corps, U.S. Army.

Kebabjian, Hrant Setrag
A.B., Anatolia College (Armenia), 1913; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

King, William Robert
B.S., Univ. of Minn., 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., July 1, 1917–Feb. 1 1918; Asst. Res. Phys., P.B.B.H., Feb. 1, 1918–Oct. 24, 1918* (resigned).

Kreutzmann, Henry Adolph Robert
M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., March 1, 1917–Feb. 4, 1918;* Lieut., Med. Corps, U.S. Army.

Marvin, Harold Myers
A.B., Davidson College, 1914; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H.*

McCarthy, Patrick Thomas
B.S., Univ. of Chicago, 1914; M.D., Rush, 1917; *Surg. H.O., P.B.B.H., Dec. 15, 1917–Oct. 1, 1918; Asst. Res. Surg., P.B.B.H.*

McCarty, Elba Denton
M.D., Univ. of Mich., 1903; Interne, 2 yrs. St. Mary's Hosp., Saginaw, E.S., Mich.; Gen. Practice, Merrill, Mich., 1905–1909; Priest River, Idaho, 1909–1917; *Rœntgenologist, P.B.B.H.*

O'Hare, James Patrick
A.B., Harv., 1908; M.D., H.M.S., 1911; Med. H.O., B.C.H., So. Dept., July 1, 1911–Oct. 1, 1911; Med. H.O., Carney Hosp., Boston, 1912–13; Fellow in Med., H.M.S., 1913–15; Asst. Visit. Phys., Carney Hosp., 1913–

15; Asst. Visit. Phys., B.C.H., 1915–17; *Assoc. in Med., P.B.B.H.;* Asst. in Med., H.M.S.; *Acting Physician, P.B.B.H.*; Instr. in Med., H.M.S.

O'Meara, John William
A.B., Holy Cross, 1912; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

Oppenheimer, Ella
A.B., Bryn Mawr College, 1914; M.D., J.H.M.S., 1918; *Med. H.O., P.B.B.H.*

Parkins, Leroy Edward
A.B., Simpson College, 1912; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

Peabody, Francis Weld
A.B., Harv., 1903; M.D., H.M.S., 1907; House Pupil, M.G.H., 1907–08; Asst. Res. Phys., J.H.H., 1908–09; Fellow in Pathol., J.H.U., 1909–10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911–12; Asst., Rockefeller Inst., 1911–12; *Res. Phys., P.B.B.H., Nov. 1, 1912–Sept. 1, 1915* (granted leave of absence from March 1, 1914–Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation); *Asst. Visit. Phys., P.B.B.H., Sept. 1, 1915–Dec. 9, 1915;* Alumni Asst. in Med., H.M.S., 1913–15; Asst. Prof. in Med., H.M.S.; Consulting Phys., Collis P. Huntington Memorial Hosp., Boston, Mass.; *Phys., P.B.B.H.* (leave of absence Aug. 1, 1917–Feb. 1, 1918; to serve as a member of the American Red Cross Comm. to Roumania); Major, Med. Corps, U.S. Army.

Penfield, Wilder Graves
Litt. B., Princeton, 1913; B.A., Oxford, 1916; M.D., J.H.M.S., 1918; *Surg. H.O., P.B.B.H.*

Potter, William Henry
A.B., Harv., 1878; D.M.D., Harv. Dental School, 1885; Mem. Am. Acad. of Dental Science; Demonstr. in Operative Dentistry, Harv. Dental School, 1887–88; Clin. Lecturer, *ibid.*, 1890–96; Lecturer, *ibid.*, 1896–1900; Asst. Prof., *ibid.*, 1900–04; Prof. of Operative Dentistry, Harv. Dental School; in practice, Boston; *Consulting Dental Surg., P.B.B.H.,* Med. Corps, U.S. Army.

Quinby, William Carter
A.B., Harv., 1899; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902–03; Asst. G.U. Surg., Boston Dispensary, 1907–09; Asst. Surg., N.E. Baptist Hosp., Boston, 1908–14; in charge of Experimental Surg., Brady Clinic, J.H.H., Sept. 1914–June 1916; Assoc. in Urology, J.H.M.S., 1915–16; Instr. in Surg., H.M.S.; Director of Lab. for Surg. Research, H.M.S.; *Assoc. in Urology, P.B.B.H.*

Saeger, Ernest Tirrill
B.S., Dartmouth, 1914; M.D., Harv., 1917; *Surg. H.O., P.B.B.H., July 1, 1917–Aug. 1, 1918.*

Simon, Hilda Amanda
M.D., Cooper, 1905; *3rd Asst. Supt., P.B.B.H.*

Smith, Judson Arthur
A.B., Harv., 1915; M.D., H.M.S., 1918; *Med. H.O., P.B.B.H.*

SPILLMAN, RAMSAY
A.B., Cornell, 1914; M.D., Cornell, 1917; *Surg. H.O., P.B.B.H., July 1, 1917–March 1, 1918.*

STEWART, STEELE FULLER
B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H.O., P.B.B.H.*

STONE, ERIC PERCY
B.S., Harv., 1914 as of 1915; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H.*

STONE, GEORGE HENRY
A.B., Bowdoin, 1905; M.D., Bowdoin Med. Sch., 1908; H.O., Maine Gen. Hosp., 1908–09; in practice, Clinton, Mass., 1909–11; H.O., B.C.H., Jan. 1912–Jan. 1913; Executive Asst., B.C.H., Jan. 1913–Feb. 1915; *3rd Asst. Supt., P.B.B.H., Feb. 1, 1915–May 1, 1917; 2nd Asst. Supt., P.B.B.H.*; Capt., Med. Corps, U.S. Army.

STURGIS, CYRUS CRESSEY
B.S., Univ. of Wash., 1913; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H., Oct. 15, 1917–Aug. 22, 1918;* Med. Corps, U.S. Army.

TAFT, ANNIE ELZINA
M.D., Tufts, 1907; *Res. Path., P.B.B.H., Nov. 5, 1917–Jan. 31, 1918.*

TAFT, ROGER BROWNE
D.M.D., Harv. Dental School, 1908; Asst. in Oral Surg., Harv. Dental School, 1910; Instr. in Oral Surg., Harv. Dental School; in practice, Boston; *Dental Surg., P.B.B.H.*

TURNER, RALPH WALDO
M.D., Albany Med. School, 1917; *Surg. H.O., P.B.B.H., Dec. 23, 1917–May 2, 1918;* U.S. Army (deceased).

WALKER, CLIFFORD BLACK
S.B., Univ. of Calif., 1906; Stud., Univ. of Calif. Med. School, 1907–10; M.D., J.H.M.S., 1911; M.A., J.H.U., 1912; Asst. to Dr. Cushing, 1911–12; Sr. Ophthal. House Surg., Mass. Char. Eye & Ear Infirmary, Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P.B.B.H., March 1, 1915–April 25, 1918;* Asst. in Ophthal., H.M.S.

WALKER, ISSAC CHANDLER
A.B., J.H.U., 1905; M.D., J.H.M.S., 1909; Grad. Stud., Lab. of Theory & Practice of Physic, H.M.S., 1910–11; Med. H.O., Carney Hospital, Boston, 1910–11; Lect. on Clin. Microscopy & Physical Diagnosis, Univ. of Iowa, 1911–12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., N.Y. City, 1912; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912–March 1, 1913; Asst. Res. Phys., P.B.B.H., March 1, 1913–March 1, 1914; Act. Res. Phys. P.B.B.H., March 1, 1914–Jan. 1, 1915; Asst. Res. Phys., P.B.B.H., Jan. 1, 1915–March 1, 1915* (granted leave of absence from March 1, 1915–Sept. 1, 1915); Med. Chief, Hospital A^{b} 32bis Passy Yonne, France, March 1, 1915–July 1, 1915; *Assoc. in Med., P.B.B.H.;* Asst. in Pharmacol., H.M.S.; Alumni Asst. in Med., H.M.S.; *Acting Phys., P.B.B.H., Aug. 1, 1917–Feb. 1, 1918; April 1, 1918–Dec. 16, 1918;* Asst. Prof. of Medicine, H.M.S.

WEARN, JOSEPH TRELOAR
B.S., Davidson, 1913; M.D., H.M.S., 1917; *Med. H.O., P.B.B.H., June 15, 1917–June 15, 1918;* Med. Corps, U.S. Army.

WEST, HOWARD FRANK
A.B., Stanford, 1912; M.D., Stanford, 1915; Interne, Lane Hospital, San Francisco, July 1915–July 1917; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1917–Oct. 15, 1917; Acting Res. Phys., P.B.B.H., Oct. 15, 1917–Jan. 1, 1918; Res. Phys., P.B.B.H.*

WHITNEY, RAYMOND CYRUS
B.S., Middlebury, 1914; M.D., H.M.S., 1918; *Surg. H.O., P.B.B.H., Jan. 10, 1918–Oct. 28, 1918.*

WOLBACH, SIMEON BURT
Stud., Harv., 2 yrs.; M.D., H.M.S., 1903; 2nd Asst. in Pathol., B.C.H., 1903–04; 1st Asst. in Pathol., *ibid.*, 1904–05; 2nd Asst. Visit. Pathol, *ibid.*, 1905–08; Pathol., Long Island Hosp., Boston, 1905–08; Pathol., Boston Floating Hosp., 1905–08; Pathol., Mass. Infants' Asylum, 1905–08; Asst. in Pathol., H.M.S., 1905–06; Instr. in Pathol., H.M.S., 1906–08; Adjunct. Prof. of Pathol. & Bacteriol., Albany Med. Col., 1908–09; Director, Bender Hygienic Lab., Albany, N.Y., 1908–09; Pathol., Albany City Hosp., 1908–09; Pathol., St. Peter's Hosp., Albany, 1908–09; Pathol., St. Margaret's House, Albany, 1908–09; Lecturer in Pathol., McGill Univ., 1909–11; Director, Histol. Lab., McGill Univ., 1909–11; Director, Montreal Gen. Hosp. Lab., 1909–11; Asst. Prof. of Bacteriol., H.M.S., 1910–14; Assoc. Prof. of Bacteriol., H.M.S., 1914–16; Pathol., Children's Hosp., Boston; Assoc. Prof. of Pathol. & Bacteriol., H.M.S.; *Pathol., P.B.B.H.;* Fellow Am. Acad. of Arts & Sciences, 1914; Visit. Pathol., Children's Hosp., Boston, 1915.

WRIGHT, MARY
A.B., Vassar, 1911; M.D., J.H.M.S., 1917; *Med. H.O., P.B.B.H., July 1, 1917–Sept. 17, 1918;* H.O. (Pediatrics) M.G.H.

WULFFAERT, FRANZ RENÉ
B.A., Brussels, 1906; B.S., Brussels, 1907; M.D., Brussels, 1912; *Pathol. H.O., P.B.B.H., Jan. 15, 1918–July 1, 1918; Res. Pathol., P.B.B.H.*

Register of Former Members of the Staff

Alexander, Harry Louis
A.B., Williams, 1910; M.D., Columbia Univ., Col. of Phys. & Surg., 1914; H.O., Presbyterian Hosp., N.Y. City, 1914–16; *Asst. Res. Phys., P.B.B.H., Sept. 15, 1916–July 6, 1917.*

***Bagley, Jr., Charles**
M.D., Univ. of Md., 1904; B.A., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904–05; Asst. Res. Surg., *ibid.*, 1905–06; Med. Supt., Hebrew Hosp., Baltimore, 1906–10; *Asst. Res. Surg., P.B.B.H., Jan. 1, 1913–Jan 1, 1914;* Visit. Surg., Hebrew Hosp., Church Home & Infirmary & Hosp. for the Women of Md., Baltimore; Consulting Surg., Baltimore Eye, Ear & Throat Charity Hosp., Emergency Hosp., Annapolis, Md., & Presbyterian Eye, Ear & Throat Charity Hosp., Baltimore; Assoc. in Experimental Neurology, J.H.M.S.

Barrow, William Hulbert
A.B., Harv., 1908; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., Nov. 1, 1916–June 17, 1917;* 1st Lieut., Mass. Nat. Guard, 1st Field Hospital Co.; 1st Lieut., Med. Corps, U.S. Army.

Benet, George
Student for 3 yrs., Univ. of S.C., & Univ. of Va.; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., June 1, 1913–July 1, 1914;* Sr. Surg. H.O., St. Luke's Hosp., Chicago, July 1, 1914–Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July, 1915; Surgeon at French Hospital near Annel, 1915–16; Capt. and Asst. Surg., 2nd Harv. Unit, British Expeditionary Force, France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., Nov. 1916–April 1917; Surg., Fulham Military Hosp., London, Eng., April–Dec., 1917; Med. Res. Corps, U.S. Army, Dec. 1917–Aug. 1918; Capt., Med. Corps, U.S. Army.

Blake, Francis Gilman
A.B., Dartmouth, 1908; M.D., H.M.S., 1913; *Med. H.O., P.B.B.H., July 1, 1913–Nov. 1, 1914; Asst. Res. Phys., P.B.B.H., Nov. 1, 1914–Sept. 1, 1915; Res. Phys., P.B.B.H., Sept. 1, 1915–Oct. 1, 1916;* Moseley Travelling Fellow (Harv.); Asst., Rockefeller Inst. Hosp., Oct. 1916–June 1917; Asst. Prof. of Med., Univ. of Minn., June 1917; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., June 1917; (on leave of absence) 1st Lieut., Med. Res. Corps, U.S. Army, Feb. 12, 1918–April 13, 1918, Base Hosp., Fort Sam Houston, Texas; Capt., Med. Res. Corps, U.S. Army; Base Hosp., Camp Merritt, N.J., April 17, 1918–July 27, 1918; Member of Commission for Investigation of Pneumonia, in the Army.

Boehm, Julius Benjamin
B.S., St. Louis Univ., 1910; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., Nov. 1, 1914–Nov. 1, 1915* (resigned); Res. Surg., Greenpoint Hosp., Brooklyn N.Y., Nov. 1, 1915–July 1918; Surg. Service, Walter Reed Hospital.

BOOTHBY, WALTER MEREDITH

A.B., Harv., 1902; M.D., H.M.S., 1906; A.M., Harv., 1907; European Clinics for 8 mos., 1907–08; Surg. H.O., B.C.H., 1908–09; Asst. in Anatomy, H.M.S., 1910–14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912–13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B.C.H., 1912; *Supervisor of Anesthesia, P.B.B.H., Dec. 11, 1913–Nov. 14, 1916;* Lect. on Anesthesia, & Instr. in Anatomy, H.M.S., 1914–16; Anesthetist, Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July 1 1915; Head of Section of Clin. Metabolism, Mayo Clinic, Rochester, Minn., Nov. 1916; Capt., Med. Res. Corps, U.S. Army & in charge of Anti-gas Service of First Army Corps Schools, American Expeditionary Force, May 1916; Major, Med. Corps, U.S. Army; Instructor, Army Medical School, Sangry, France, July–Dec. 1917; Asst. Prof. of Medicine, Mayo Foundation, Univ. of Minn.

BURLINGHAM, LOUIS HERBERT

A.B., Yale, 1902; M.D., J.H.M.S., 1906; House Pupil, M.G.H., 1906–07; Asst. Res. Phys., M.G.H., 1907–12; Asst. Adm., M.G.H., 1912; *1st Asst. Supt., P.B.B.H., Oct. 19, 1912–April 30, 1917; Curator, P.B.B.H., May 8, 1913–May 10, 1917;* Supt., Barnes Hospital, St. Louis, Mo.; Administrator, St. Louis Children's Hospital.

CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903–05; Student, in Vienna, summer of 1905; Instr. in Pathol. & Pharmacodynamics, Univ. of Pa., 1906–07; Pathol., St. Mary's Hosp., Phila., Pa., 1906–07; Pathol. Henry Phipps Inst., for the Study, Treatment & Prevention of Tuberculosis, 1908–09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pa., 1908–09; Internist, Canton Hosp., Canton, China; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–March 1, 1916;* College Physician, Canton Christian College, Canton, China.

*CARR, GLADYS LYDIA

M.D., Tufts, 1906; H.O., N. E. Hosp. for Women & Children, 1906–07; Asst. on Maternity Staff, *ibid.*, 1907–08; General Practice, Boston, 1907–08; Private Practice, Lynn, 1908–14; Head of Rœntgen & Electrotherapeutic Depts., N. E. Hosp. for Women & Children; *Rœntgenologist, pro tempore, P.B.B.H., June 1, 1914–Feb. 1, 1916; Rœntgenologist, P.B.B.H., Feb. 1, 1916–Oct. 31, 1917.*

CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., J.H.M.S., 1914; H.O., Clifton Springs Sanitarium, Summer 1914; *Med. H.O., P.B.B.H., Jan. 4, 1915–July 1, 1916;* Asst. Res. Phys., J.H.H., Aug. 1916–Sept. 1, 1917; Res. Phys., in charge of Private Wards, J.H.H., 1917–18; 1st Lieut., Med. Corps, U.S. Army.

COBB, STANLEY

A.B., Harv., 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–July 1, 1915;* Vol., Lab. of Physiol. Research, J.H.M.S., Nov. 1915–June 1916; Asst. in Physiol., J.H.M.S.; Asst. in Psychiatry, J.H.H., 1916–17; Asst. in Psychiatry & Physiol. of the Nervous System, J.H.M.S., Asst. Psychiatrist, J.H.H., 1917–18; Associate in Psychiatry, J.H.M.S. (on leave of absence); 1st Lieut., Med. Corps, U.S. Army.

Cook, Ward Hance
A.B., Univ. of Kan., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909–10; Instr. in Embryology & Histology, *ibid.*, 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914–July 10, 1915* (resigned); 2nd Asst. in Pathol., B.C.H., July 10, 1915–July 1, 1916; 1st Asst. in Pathol., B.C.H., July 1, 1916–June 1, 1917; Pathol., Long Island Hosp., Boston, June 1, 1917; Instr. in Pathol., H.M.S., 1917.

Councilman, William Thomas
M.D., Univ. of Md., 1878; Stud., Univs. of Vienna & Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., J.H.U., 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anatomy, J.H.M.S., 1890–91; Shattuck Prof. of Pathol. Anatomy, H.M.S.; *Consulting Pathol., P.B.B.H.*, March 25, 1912–Aug. 14, 1913; *Pathol., P.B.B.H., Aug. 14, 1913–Dec. 1, 1916* (granted leave of absence from Nov. 9, 1916–Dec. 1, 1916; Mem. Dr. Hamilton Rice's Expedition to South America); Fellow Am. Acad. 1895; Mem. Nat. Acad. of Sciences, 1904; Fellow Philosophical Society, Phila., 1918.

*Cutler, Elliott Carr
A.B., Harv., 1909; M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915;* Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–June 1915; Res. Surg., M.G.H., Aug. 1915–Sept. 1916; Alumni Asst. in Surg., H.M.S., 1915–16; Vol. Asst., Rockefeller Inst., N. Y. City; Major, Med. Corps, U.S. Army.

*Dawson, Roger Paul
A.B., Holy Cross, 1907; M.D., H.M.S., 1911; Med. H.O., Carney Hosp., Boston, April 1911–Aug. 1912; *Med. H.O., P.B.B.H., Nov. 1, 1912–Nov. 1, 1913;* Fellow in Med., H.M.S., 1914–15; Phys., Carney Hosp., O.P.D., 1914–15; Asst. Phys., Boston Dispensary, O.P.D., Asst. Phys., M.G.H., O.P.D.; Asst. in Med., H.M.S.; *Assoc. in Med., P.B.B.H., July 1, 1915–Dec. 31, 1916.*

Drinker, Cecil Kent
B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; *Med. H.O., P.B.B.H., March 1, 1914–July 1, 1915;* Instr. in Physiol., J.H.M.S., 1915–16; Instr. in Physiol., H.M.S., 1916–18; *Res. Phys., P.B.B.H., July 10, 1917–Oct. 15, 1917;* Asst. Prof. Physiology, H.M.S.

Drinker, Katherine Rotan
A.B., Bryn Mawr. 1910; M.D., Woman's Med. Col. of Pa., 1914; *Asst. Res. Phys., P.B.B.H., July 7, 1917–Sept. 24, 1917.*

Edwards, Sumner
A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910–11; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915–Jan. 6, 1916* (died Jan. 6, 1916).

*Fallon, Louis F.
M.D., Univ. of Pa., 1916; *Surg. H.O., P.B.B.H., July 1, 1916–Nov. 15, 1916.*

*Fitz, Reginald
A.B., Harv., 1906; M.D., H.M.S., 1909; Med. House Pupil, M.G.H., 1910–11; Vol. Asst. in Pharmacol. & in Med. Clinic, J.H.H., 1911–12; *Sr. Med. H.O., P.B.B.H., Nov. 1, 1912–July 1, 1913; Asst. Res. Phys., P.B.B.H.,*

July 1, 1913–Sept. 1, 1915 (granted leave of absence to Dec. 31, 1916); Fellow in Physiol., H.M.S., 1914–15; Asst. Res. Phys., Rockefeller Inst. Hosp., N. Y. City; Capt., Med. Res. Corps, U.S. Army.

*Fleming, LeRoy Newton
A.B., Miami, 1910; M.D., J.H.M.S., 1914; Asst. in Surg., J.H.U., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1916;* Special Student, Univ. of Mich., Oct. 1, 1915–Dec. 1, 1916; Surg. Research, Detroit, Mich.

*Forbes, Henry Stone
A.B., Harv., 1905; Philippine Islands, 1905–06; Harv. Grad. Sch., 1906–07; M.D., H.M.S., 1911; Med. H.O., B.C.H., 1911–13; *Sr. Med. H.O., P.B.B.H., June 1, 1913–Nov. 1, 1913;* Phys. for Men, Infirmary, Univ. of Calif., Berkeley, Cal., March 1914–July 1915; American Red Cross, Serbia, July 1915–Feb. 1916; Asst. Phys., M.G.H., O.P.D.; Med. Res. Corps, U.S. Army.

Goetsch, Emil
S. B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. & Assoc. in Anatomy, *ibid.*, 1904–08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908–09; Rush Med. Col., 1906–07; M.D., J.H.M.S., 1909; Asst. in Surg., J.H.M.S., 1909–10; Asst. Res. Surg., J.H.H., 1910–12; *Res. Surg., P.B.B.H., Sept. 1, 1912–Sept. 1, 1915;* Asst. in Surg., H.M.S., 1912–15; Assoc. Surg., J.H.H., 1915–18; Assoc. Prof. of Surg., J.H.M.S.

Golden, Ross
A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., July 1, 1916–July 18, 1917;* Army Med. Sch., Wash., D.C., Sect. III, Aug. 1917–Oct. 1917; 1st Lieut., Med. Corps, U.S. Army, Dec. 28, 1917–Nov. 24, 1918; Capt., Med. Corps, U.S. Army.

Goodall, Harry Winfred
A.B., Dartmouth, 1898; M.D., H.M.S., 1902; House Pupil, M.G.H., 1902–03; House Pupil, Boston Lying-in Hosp., 1903; Phys., Boston Dispensary; Asst. Visit. Phys., N.E. Baptist Hosp., *Assoc. in Med., P.B.B.H., Dec. 12, 1912–Dec. 31, 1917;* Instr. in Med., Harv. Grad. Sch. of Med.

*Goodpasture, Ernest William
A.B., Vanderbilt, 1907; M.D., J.H.M.S., 1912; Rockefeller Fellow in Pathol., J.H.U., 1912–14; Pathol., Union Protestant Infirmary, Baltimore, 1913–14; Asst. Res. Path., J.H.H., 1913–14; Act. Res. Path., J.H.H., 1914–15; Instr. in Pathol., J.H.M.S., 1914–15; *Res. Pathol., P.B.B.H., Sept. 1, 1915–Oct. 1, 1917;* Instr. in Pathol., H.M.S.; Fellow in Pathol., Cancer Comm., H.M.S.; Asst. Surg., U.S.N.R.F.

*Grabfield, Gustave Philip
A.B., Williams, 1912; M.D., H.M.S., 1915; Teaching Fellow, Dept. of Pharmacol., H.M.S., 1915–16; *Med. H.O., P.B.B.H., March 1, 1916–June 17, 1917;* 1st Lieut., Med. Res. Corps, U.S. Army, 104th Inf., American Expeditionary Force.

Gray, Horace
A.B., Harv., 1909; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916;* Phys., Boston, Mass.; 1st Lieut., Med. Res. Corps, U.S. Army.

Grey, Ernest George

A.B., Univ. of Wis., 1907; Asst. in Anatomy, *ibid.*, 1907–08; Stud. in Med., Univ. of Wis. Med. Sch., 1907–08; M.D., J.H.M.S., 1911; Res. H.O., J.H.H., 1911–12; *Surg. H.O., P.B.B.H., Nov. 1, 1912–Feb. 12, 1914; Asst. Res. Surg., P.B.B.H., Feb. 12, 1914–Sept. 1, 1916;* Asst. in Surg., H.M.S., 1915–16; Instr. in Surg., J.H.M.S.; died Oct. 12, 1918.

Haller, David Alexander

A.B., Hampden-Sidney, 1908; M.D., Columbia Univ. Col. of Phys. & Surg., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915; Asst. Res. Phys., P.B.B.H., March 1, 1915–Oct. 1, 1916; Res. Phys., P.B.B.H., Oct. 1, 1916–June 6, 1917;* Lieut., Med. Res. Corps, U.S. Army, June 6, 1917–Dec. 6, 1917; Capt., Med. Res. Corps, U.S. Army, Dec. 6, 1917–May 6, 1918; Major, Med. Corps U.S. Army; Chief Medical Service, Base Hosp. No. 58, Rimancourt, France, American Expeditionary Force.

*Harvey, Samuel Clark

Ph.B., Yale, 1907; M.D., Yale Med. Sch., 1911; Alonzo Clark Fellow, Columbia Univ., 1911–12; Instr. in Pathol., *ibid.*, 1912–13; Asst. Res. Phys., Loomis Sanatorium, Loomis, N.Y., 1913–14; *Surg. H.O., P.B.B.H., Nov. 1, 1914–Nov. 1, 1915* (resigned); Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S., Nov. 1, 1915–Nov. 1, 1916; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1916–May 7, 1917;* Med. Res. Corps, U.S. Army.

Hatch, Floyd Frost

A.B., Univ. of Utah, 1912; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1914–Jan. 4, 1915* (granted leave of absence from Jan. 4, 1915 to Feb. 28, 1915); Surg. House Pupil, M.G.H., Jan. 4, 1915–Oct. 31, 1916; House Surg., M.G.H., Oct. 31, 1916–Feb. 1, 1917; Private Practice of Surgery, Salt Lake City, Utah; Surgeon to G. U. Dept., Salt Lake County Hosp., March 1, 1917–Jan. 1918; Surgeon to G. U. Dept., L.D.S. Hosp., Salt Lake City, Utah; 1st Lieut., Med. Corps, U.S. Army, Base Hospital, Fort Riley, Kansas.

*H'Doubler, Francis Todd

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; PhD., *ibid.*, 1910; Stud., Univ. of Wis. Med. School, 1 yr.; Stud., Rush Med. School & Univ. of Philippines, 1 yr.; M.D., H.M.S., 1915; H.O., Augustana Hosp., Chicago, June 1915–Jan. 1916; *Med. H.O., P.B.B.H., Jan. 11, 1916–March 1, 1917;* H.O., Augustana Hosp., April 1917–Jan. 1, 1918.

*Hodgson, John Sprague

Ph.B., Brown, 1911; M.D., H.M.S., 1917; Surg. House Pupil, M.G.H., Feb. 1, 1915–Aug. 1, 1916; Res. Surg., M.G.H., Sept. 15, 1916–Nov. 15, 1916; *Surg. H.O., P.B.B.H., Nov. 1, 1916–March 1, 1917; Asst. Res. Surg., P.B.B.H., March 1, 1917–June 22, 1917.*

Horrax, Gilbert

A.B., Williams, 1909; M.D., J.H.M.S., 1913; *Surg. H.O., P.B.B.H., July 1, 1913–Nov. 1, 1914;* Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, H.M.S., 1914–15; *Asst. Res. Surg., P.B.B.H., Nov. 1, 1915–Nov. 1, 1916;* Alumni Asst. in Surg., H.M.S.; Res. Surg., M.G.H.; Capt., Med. Corps, U.S. Army, 1917–19.

Hurwitz, Samuel Haymann
A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Student, Univ. of Strassburg, Germany, 1909–10; Special Student, Inst. of Infectious Diseases, Berlin, Germany, Summer of 1911; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912–13; *Surg. H.O., P.B.B.H., Nov. 1, 1913–March 1, 1915;* Instr. in Research Med., Geo. Wms. Hooper Foundation for Med. Research, Univ. of Cal., San Francisco, Cal.; Asst. Clinical Prof. of Medicine, Univ. of Cal., San Francisco.

Jack, William David
A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909–10; M.D., J.H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–Nov. 1, 1915;* Capt. & Asst. Surg., 2nd Harv. Unit, British Expeditionary Force, France, Dec. 1915–June 1916; Asst. Res., Brady Inst., J.H.H.; 1st Lieut., Med. Res. Corps, U.S. Army.

*Janney, James Craik
A.B., Harv., 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1916;* Asst. Surg., Free Hosp. for Women, O.P.D., Brookline; Capt., Med. Res. Corps, Nov. 28, 1917, Commanding Amb. Co. 342.

*Jones, Merritt LaCount
S.B., Univ. of Wis., 1912; M.D., H.M.S., 1915; *Surg. H.O., P.B,.B.H. July 1, 1915–Nov. 1, 1916; Asst. Res. Surg., P.B.B.H., Nov. 1, 1916–March 1, 1917;* Med. Corps, U.S. Army.

Keegan, John Jay
A.M., Univ. of Neb., 1912; M.D., Univ. of Neb., 1915; Instr. in Anatomy, *ibid.*, 1915–17; *Pathol. H.O., P.B.B.H., June 15, 1917–Dec. 15, 1917;* Lieut., Med. Corps, U.S. Navy.

Kirkwood, Allan Stewart
M.D., Univ. and Bellevue Hosp. Med. Coll., N.Y., 1913; *Associate in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1917;* Major, Med. Corps, U.S. Army.

Koefod, Hilmar Olaf
B.S., Beloit, 1911; M.D., H.M.S., 1916; Moseley Travelling Fellowship, Harv., in Europe, Summer of 1916; *Med. H.O., P.B.B.H., Nov. 1, 1916–Nov. 1, 1917;* 1st Lieut., Med. Res. Corps, U.S. Army; Chief of Clinic at Memorial Lab. & Clinic, Santa Barbara, Calif.

Ladd, William Sargent
B.S., Amherst, 1910; M.D., Columbia Univ., Col. of Phys. & Surg., 1915; *Med. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917;* Asst. Phys., Presbyterian Hosp., N.Y. City; Instr. in Med., Coll. of Phys. & Surg., Columbia Univ., N.Y.; 1st Lieut., Med. Corps, U.S. Army, 1917–18.

Lamson, Paul Dudley
A.B., Harv., 1905; M.D., H.M.S., 1911; Med. House Pupil, M.G.H., March 1909–Aug. 1910; Lect. Asst. in Pharm., Univ. of Wurzburg, Germany, 1912–13; Sheldon Travelling Fellowship, 1911–13; *Asst. Res. Phys., P.B.B.H., Oct. 1, 1913–Oct. 15, 1914;* Asst. in Exp. Therapeutics, J.H.M.S., 1914–15; Assoc. in Exp. Therapeutics, J.H.M.S.

LEHMAN, EDWIN PARTRIDGE
A.B., Williams, 1910; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–July 1, 1915;* Asst. Res. Surg., Barnes Hosp., St. Louis, Mo., Sept. 1, 1915–Sept. 1, 1916; Asst. in Surg., Washington Univ. Med. School, 1916.

*LEVINE, SAMUEL ALBERT
A.B., Harv., 1911, M.D., H.M.S., 1914; *Assoc. in Med., P.B.B.H., July 1, 1914–July 1, 1915; Med. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1916;* Moseley Travelling Fellow; Asst., Rockefeller Inst. Hosp., N.Y. City; 1st Lieut., Med. Res. Corps, U.S. Army.

LIEB, CLARENCE WILLIAM
A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., April 1, 1914–June 6, 1914* (resigned); Med. Director "The Glen Springs," Watkins, N.Y., 1914–17 (resigned); Chief Cardiac Clinic, N.Y. Hosp.

LYLE, EVELINE BURTON
B.A., Mt. Holyoke College, 1906; M.D., Tufts College Med. Sch., 1913; *Acting Associate in Med., P.B.B.H., Nov. 1, 1917–Dec. 31, 1917.*

MACPHERSON, DONALD JOHN
B.S., Univ. of Rochester, 1911; M.D., H.M.S., 1915; *Med. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1916; Asst. Res. Phys., P.B.B.H., Nov. 1, 1916–June 22, 1917;* Capt., Med. Res. Corps, U.S. Army.

*MARLOW, SEARLE BISSET
A.B., Harv., 1912; Stud., H.M.S., 1 yr.; M.D., Syracuse Univ. Med. Sch., 1916; *Pathol. H.O., P.B.B.H., July 1, 1916–July 11, 1917.*

*MARVIN, FRANK WILLIAM
A.B., Harv., 1910; M.D., H.M.S., 1914; House Pupil, M.G.H., 1914–15; *Surg. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1916;* Phys., Boston, Mass.

MCCANN, WILLIAM SHARP
A.B., Ohio State Univ., 1911; M.D., Cornell Univ., Med. Coll., 1915; Asst. Res. Phys., General Memorial Hosp., N. Y. City, June 1, 1915–Oct. 1, 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915–Nov. 1, 1916* (resigned); Arthur Tracy Cabot Fellow in Charge of Lab. of Surg. Research, H.M.S., 1st Lieut., Med. Corps, U.S. Army.

MCCLURE, CHARLES WALTER
A.B., Ohio State Univ., 1906; M.D., Starling Med. Col., O., 1910; Med. H.O., St. Francis Hosp., Columbus, O., 1910–11; Asst. in Clin. Med., Starling, Ohio, Med. Col., 1911–12; Asst., Univ. of Iowa, Med. School, 1912–15; Grad. Stud. in Med., H.M.S., 1915–16; *Asst. Res. Phys., P.B.B.H., July 1, 1916–Nov. 1, 1916;* Alumni Asst. in Med., H.M.S.; *Res. Phys., P.B.B.H., June 7, 1917–July 6, 1917;* Physician-in-Chief, St. Luke's Hospital, South Bethlehem, Pa., Aug. 1, 1917–March 1, 1918; Capt., Med. Corps, U.S. Army, March 1, 1918–Dec. 24, 1918.

*MCQUESTEN, PHILIP
A.B., Dartmouth, 1911; M.D., H.M.S., 1915; Stud., B.C.H. (Pathol. Lab.), 1915–17; *Surg. H.O., P.B.B.H., March 1, 1916–July 1, 1917; Asst. Res. Surg., P.B.B.H., July 1, 1917–Aug. 17, 1917.*

Millet, John Alfred Parsons
A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., Nov. 1, 1914–March 1, 1916;* Internist, N.Y. State Inst. for the Study of Malignant Disease, Buffalo; Med. Res. Corps, U.S. Army.

*Montgomery, James Blaine
A.B., Dartmouth, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., Nov. 1, 1915–March 1, 1917;* House Surgeon, Mass. Char. Eye & Ear Inf., March 1, 1917–July 16, 1917; Grad., Army Med. School, 1917; 1st Lieut., Med. Corps, U.S. Army.

Morris, Jr., Samuel Leslie
B.S., Davidson (N.C.), 1911; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., Nov. 1, 1916–Nov. 1, 1917;* 1st Lieut., Med. Res. Corps, U.S. Army; Med. Instr., Camp Greenleaf, Chattanooga, Tenn., Feb. 1, 1918–June 1, 1918; 1st. Lieut., Med. Res. Corps, U.S. Army.

*Morton, John Jamieson
A.B. Amherst, 1907; M.D., J.H.M.S., 1913, *Surg. H.O., P.B.B.H., March 1, 1913–July 1, 1914;* Fellow in Pathol., Rockfeller Inst., N.Y. City, July 1, 1914–Sept. 1, 1915; House Surg., M.G.H., Nov. 1, 1915–Nov. 1, 1916; Asst. Res. Phys., Rockefeller Inst. Hosp., N.Y. City.

O'Conor, Vincent John
B.S., Univ. of Mich., 1915; M.D., Rush Med. Col., 1917; *Surg. H.O., P.B.B.H., Jan. 1, 1917–Jan. 1, 1918*; House Surgeon, Presbyterian Hosp., Chicago, Ill., Jan. 19, 1918–June 15, 1918; 1st Lieut., Med. Corps, U.S. Army.

Parker, Jr., Frederic
A.B., Harv., 1913; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., March 1, 1917–April 1, 1917.*

Pettit, Roswell Talmadge
S.B., Univ. of Chicago, 1908; M.D., Rush, 1913; *Med. H.O., P.B.B.H., March 1, 1914–July 1, 1915;* Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hospital, Ottawa, Ill.; Capt., Med. Res. Corps, U.S. Army.

Rand, Carl Wheeler
A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1912; Res. H.O., J.H.H., 1912–13; *Asst. Res. Surg., P.B.B.H., Oct. 1, 1913–Nov. 1, 1914;* House Surg., Mercy Hosp., Chicago, Dec. 1, 1914–Nov. 1, 1915; Surg., Los Angeles, Cal.

*Rapport, David Louis
A.B., Harv., 1912; M.D., H.M.S., 1916; *Med. H.O., P.B.B.H., March 1, 1917–June 17, 1917.*

*Rhea, Lawrence Joseph
B.S., Univ. of Texas, 1901; M.D., J.H.M.S., 1905; H.O. in Pathol., B.C.H., 1906–07; 2nd Asst. in Pathol., B.C.H., Jan. 1907–Aug. 1907; 1st Asst. in Pathol., B.C.H., Aug. 1907–Sept. 1908; Asst. Visit. Pathol., B.C.H., 1908–09; Asst. in Pathol., H.M.S., 1908–09; Instr. in Pathol., H.M.S., 1909–10; Asst. Pathol., B.C.H., 1909–10; Director of Pathol. Lab. & Pathol., Montreal Gen'l Hosp., 1910–12; Lect. in Pathol., McGill Univ., 1910–11;

Asst. Prof. of Pathol., McGill Univ., 1911–12; *Res. Pathol., P.B.B.H., July 1, 1912–Oct. 1, 1913;* McGill Gen'l Hosp. Overseas Contingent, France.

Richardson, Henry Barber
A.B., Harv., 1910; M.D., H.M.S., 1914; *Med. H.O., P.B.B.H., March 1, 1915–July 1, 1916;* Asst. in Med., J.H.M.S.; Asst. Disp. Phys., J.H.H.

Sisson, Warren Richards
A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (Summer semester), 1910; Stud., Univ. of Munchen (Winter semester), 1910–11; Stud., Univ. of Heidelberg (Summer semester), 1911; M.D., J.H.M.S., 1912; House Pupil M.G.H. (Children's Med. Ward), July 1912–Jan. 1913; *Med. H.O., P.B.B.H., March 1, 1913–March 1, 1914; Res. Pathol., P.B.B.H., March 1, 1914–April, 1915;* Instr. in Pathol., H.M.S., 1914–15; H.O., B.C.H. (So. Dept.) Summer of 1915; Sr. H.O., Boston Floating Hosp., July 1, 1915–Sept. 15, 1915; Instr. in Pediatrics, J.H.M.S.; Asst. in Pediatrics, H.M.S.; Visit. Phys., M.G.H.

*Smillie, Wilson George
A.B., Colorado, 1908; M.D., H.M.S., 1912; *Med. H.O., P.B.B.H., Nov. 1, 1912–March 1, 1914; Asst. Res. Phys., P.B.B.H., March 1, 1914–Sept. 1, 1914;* Asst. Instr., Dept. of Preventive Med., H.M.S., 1914–16; Research Fellow, Rockefeller Inst., N.Y. City.

Smith-Petersen, Marius Nygaard
B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910–1912; M.D., H.M.S., 1914; *Surg. H.O., P.B.B.H., July 1, 1914–Nov. 1, 1915;* Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April–July 1918; House Pupil, M.G.H. (Orthopedic Service), 1916; Private Practice, Boston, Mass.; Asst. Visit. Surg., M.G.H., O.P.D., Orthopedic Dept.

Stevens, Franklin Augustus
B.S., Univ. of Iowa, 1913; M.D., Univ. of Iowa, 1915; *Asst. Res. Phys., P.B.B.H., July 21, 1917–Jan. 1, 1918;* U.S. Army.

Stoddard, James Leavitt
A.B., Harv., 1910; M.D., H.M.S., 1914; *Pathol. H.O., P.B.B.H., July 1, 1914–July 1, 1915; Act. Res. Pathol., P.B.B.H., July 1, 1915–Sept. 1. 1915;* Research Fellow in Pathol., H.M.S.; Capt., Med. Corps, U.S. Army.

*Thaxter, Langdon Thom
A.B., Williams, 1911; M.D., H.M.S., 1915; Med. House Pupil, M.G.H., July 1, 1915–Sept. 1, 1916; *Surg. H.O., P.B.B.H., Nov. 14, 1916–July 1917;* 1st Lieut., Med. Res. Corps, U.S. Army.

Thompson, Charles Baker
A.B., Haverford, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H., Nov. 1, 1913–Nov. 1, 1914;* 2nd Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1914–15; 1st Asst. Res., Phipps Psychiatric Clinic, J.H.H., 1915–16; Examining Psychiatrist & Executive Secy., Mental Hygiene Soc. of Md.; Asst. Dispensary Psychiatrist, Phipps Psychiatric Clinic, J.H.H.; Psychiatrist, Hebrew Hospital Dispensary.

*Towne, Edward Bancroft
A.B., Harv., 1906 (1907); M.D., H.M.S., 1913; *Surg. H.O., P.B.B.H., July 1, 1913–Nov. 1, 1914; Asst. Res. Surg., P.B.B.H., Nov. 1, 1914–Nov.*

1, 1915; Lieut. Col. & Surg., 2nd Harv. Unit, British Expeditionary Force, France, Dec. 1915–April 1916; Vol. Asst., Dr. Rosenow's Lab., Rochester, Minn., June–Sept. 1916; Fellow *pro tempore*, Mayo Foundation, Rochester, Minn., Sept. 1916–Jan. 1917; *Asst. Res. Surg., P.B.B.H., Sept. 1, 1916–May 7, 1917;* Med. Res. Corps, U.S. Army.

*TRANTER, CHARLES LEE
B.S., Univ. of Calif., 1911; M.D., Univ. of Calif., Med. Sch., 1913; Med. & Surg. H.O., Univ. of Calif. Hosp., 1913–14; Asst., Univ. of Calif. Hosp. (Nerve O.P.D.), 1914–15; Asst. in Neurol., Univ. of Calif., Med. Sch., 1915; *Asst. Res. Surg., P.B.B.H., Jan. 8, 1916–Jan. 1, 1917;* Asst. in Neurol., Univ. of Calif., Med. Sch., 1917.

VAIL, HARRIS HOLMES
A.B., Yale, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., March 1, 1916–May 3, 1917;* Lieut. Med. Corps, U.S. Navy.

VAN GORDER, GEORGE WILSON
A.B., Williams, 1911; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March 1, 1915–July 1, 1916;* House Surg., St. Anthony Hosp., Labrador, July 1, 1916–Oct. 1, 1916; Med. House Pupil, M.G.H., Oct. 1, 1916–Jan. 1, 1917; House Surg., Free Hosp. for Women, Brookline; Capt., Med. Corps, U.S. Army.

VAUGHAN, WARREN TAYLOR
A.B., Univ. of Mich., 1913; M.D., Univ. of Mich., Med. Sch., 1916; *Med. H.O., P.B.B.H., July 1, 1916–Nov. 7, 1917;* 1st Lieut., Med. Res. Corps, U.S. Army, Nov. 7, 1917–May 5, 1918; Capt., Med. Corps, U.S. Army, May 5, 1918–Nov. 7, 1918; Major, Med. Corps, U.S. Army.

VIETS, JR., HENRY ROUSE
B.S., Dartmouth, 1912; M.D., H.M.S., 1916; *Surg. H.O., P.B.B.H., March 1, 1917–Aug. 16, 1917;* Med. Res. Corps, U.S. Army.

WATKINS, S. SHELTON
A.B., Central Univ. of Ky., 1908; A.M., *ibid.*, 1909; M.D., J.H.M.S., 1914; Med. & Surg. H.O., Church Home & Infirmary, Baltimore, Jan. 1914–April 1914; *3rd Asst. Supt., P.B.B.H., May 1, 1914–Jan. 15, 1915;* Asst. in Clin. Laryngology, J.H.M.S.; Asst. Disp. Laryngologist, J.H.H.; Asst. Res. Surg., J.H.H.; Member of Dr. L. F. Barker's staff at 1035 North Calvert Street, Baltimore, Md.; 1st Lieut., Med. Corps, U.S. Navy.

*WEGEFARTH, PAUL
A.B., J.H.U., 1908; Stud. of Med., Strassburg & Berlin, Germany, 1909–11; M.D., J.H.M.S., 1912; *Surg. H.O., P.B.B.H., Nov. 1, 1912–March 1, 1914;* Asst. Res. Phys., Church Home & Infirmary, Baltimore, 1914; Phys., San Diego, Calif.

WEISMAN, PAUL GERHARDT
B.S., Univ. of Mich., 1911; M.D., Univ. of Mich., Med. Sch., 1913; H.O., Providence City Hosp. (Contagious Wards), Jan.–April 1914; H.O., R.I. Hosp., April 1914–April 1916; *Asst. Res. Phys., P.B.B.H., April 1, 1916–Aug. 1, 1916;* Asst. Res., Union Protestant Infirmary, Baltimore, May 1917–Dec. 1917; Res., *ibid.*, Dec. 1917–Aug. 1918; Lieut., Med. Corps, U.S. Army, Sept. 1918–Dec. 30, 1918.

WELBOURN, MARSHALL AGNEW
B.S., Univ. of Mich., 1913; M.D., Univ. of Mich., Med. Sch., 1915; *Assoc. in Med., P.B.B.H., July 1, 1915–March 1, 1916; Med. H.O., P.B.B.H., March 1, 1916–July 1, 1917;* 1st Lieut., Med. Corps, National Guard, April 9, 1917–Sept. 16, 1918; Capt., Med. Corps, U.S. Army; Stud., Post-Grad. Med. School, Sorbonne Univ., Paris.

*WELLS, WARD STANLEY
S.B., Grinnell, 1909; M.D., H.M.S., 1916; *Assoc. in Med., P.B.B.H., July 1, 1916–April 8, 1917; Med. H.O., P.B.B.H., April 8, 1917–July 18, 1917.*

WENTWORTH, JOHN ALEXANDER
A.B., Bowdoin, 1909; M.D., H.M.S., 1913; H.O., Hartford Hosp., Hartford, Conn., Sept. 1, 1913–May 15, 1915; *Sr. Med. H.O., P.B.B.H., July 1, 1915–Nov. 1, 1915;* Alumni Asst., Clin. Pathol., H.M.S.; Asst. Harv. Infantile Paralysis Comm., Fall 1916; *Asst. Res. Phys., P.B.B.H., Nov. 1, 1915–Aug. 1, 1917;* Assoc. Phys., Clifton Springs Sanatorium, N.Y., Aug. 1, 1917–March 23, 1918; 1st Lieut., Med. Corps, U.S. Army.

WOOD, NATHANIEL KNIGHT
A.B., Harv., 1897; M.D., H.M.S., 1901; H.O., B.C.H., Jan. 1902–March 1904; H.O., Boston Lying-in Hosp., June 1904–Dec. 1904; Visit. Phys., Carney Hosp., O.P.D., Oct. 1907–Oct. 1912; Visit. Phys., Boston Consumptives' Hosp., O.P.D., Jan. 1909–Jan. 1917; Phys., Boston Dispensary, Oct. 1, 1912–Dec. 1, 1918; *Assoc. in Med., P.B.B.H.*

WOODS, ALAN CHURCHILL
A.B., J.H.U., 1910; M.D., J.H.M.S., 1914; *Med. H.O., P.B.B.H., July 1, 1914–Nov. 1, 1915;* Fellow in Exp. Med. & Asst. in Ophthal., Univ. of Pa., Med. Sch., Phila.; Med. Res. Corps, U.S. Army.

*WOODWARD, HARRY WHITING
A.B., Bowdoin, 1910; M.D., H.M.S., 1915; *Surg. H.O., P.B.B.H., March 1, 1915–July 1, 1916;* H.O., Boston Lying-in Hosp., Sept. 1916.

*YOUNG, WILLIAM W.
A.B., Randolph-Macon, 1909; M.D., J.H.M.S., 1913; *Med. H.O., P.B.B.H., July 1, 1913–Feb. 14, 1914.*

* Owing to war conditions, information may be incomplete.

Officers of the Institution

JANUARY 1, 1919

President

CHARLES P. CURTIS (France)

WALTER HUNNEWELL, Pro Tem.

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Feb. 7, 1918	CHARLES F. CHOATE, JR.	30 Central St.,	Boston
May 8, 1902	ALEXANDER COCHRANE	6 Beacon St.,	Boston
May 8, 1902	EDMUND D. CODMAN	27 Kilby St.,	Boston
Apr. 15, 1915	CHARLES P. CURTIS	Ames Building,	Boston
June 16, 1909	*IRVIN McD. GARFIELD	30 State St.,	Boston
Oct. 2, 1902	AUGUSTUS HEMENWAY	53 State St.,	Boston
Feb. 7, 1918	FRANCIS L. HIGGINSON, JR.	44 State St.,	Boston
May 8, 1902	HENRY S. HOWE	89 Franklin St.,	Boston
May 8, 1902	WALTER HUNNEWELL	87 Milk St.,	Boston
May 8, 1902	LAURENCE H. H. JOHNSON	27 Kilby St.,	Boston
June 16, 1909	*JOHN P. REYNOLDS	30 State St.,	Boston
May 8, 1902	WILLIAM R. TRASK	40 State St.,	Boston

STANDING COMMITTEES OF THE TRUSTEES

Building Committee

JOHN P. REYNOLDS, *Chairman*
CHARLES P. CURTIS
WALTER HUNNEWELL
LAURENCE H. H. JOHNSON
HERBERT B. HOWARD, M.D., *Secretary*

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* Appointed by the Governor of the Commonwealth under an Act approved May 8, 1909.

Auditing Committee

William Ropes Trask
Augustus Hemenway

Committee on Finance

Edmund D. Codman
Walter Hunnewell
Henry S. Howe
Laurence H. H. Johnson

Committee on Nominations

Charles P. Curtis (France)
Edmund D. Codman
Irvin McD. Garfield

Committee on Rules

Charles P. Curtis (France)
Edmund D. Codman
Irvin McD. Garfield

VISITING COMMITTEE FOR 1918

Walter Hunnewell	January
John P. Reynolds	February
Henry S. Howe	March
Henry S. Howe	April
Laurence H. H. Johnson	May
Laurence H. H. Johnson	June
Edmund D. Codman	July
Charles F. Choate, Jr.	August
William R. Trask	September
Irvin McD. Garfield	October
Alexander Cochrane	November
Augustus Hemenway	December

VISITING COMMITTEE FOR 1919

Walter Hunnewell	January
Charles P. Curtis	February
Henry S. Howe	March
John P. Reynolds	April
Laurence H. H. Johnson	May
Francis L. Higginson, Jr.	June
Edmund D. Codman	July
Charles F. Choate, Jr.	August
William R. Trask	September
Irvin McD. Garfield	October
Alexander Cochrane	November
Augustus Hemenway	December

OFFICERS OF THE INSTITUTION

MEDICAL ADVISER TO CORPORATION

Appointed	
July 9, 1914	Frederick C. Shattuck, M.D.

EXECUTIVE COMMITTEE OF THE STAFF

Henry A. Christian, M.D.
Harvey Cushing, M.D. — on leave May 7, 1917.
David Cheever, M.D. — May 7, 1917 (Acting)
S. Burt Wolbach, M.D.
Herbert B. Howard, M.D., *Secretary*

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began	
May 1, 1908	Herbert B. Howard, M.D.

Assistant Superintendents

Aug. 1, 1913	Thomas A. Devan, M.D. — on leave Nov. 5, 1918–Dec. 6, 1918.
Feb. 1, 1915	George H. Stone, M.D. — on leave Nov. 7, 1918.
Oct. 25, 1917	Hilda A. Simon, M.D.

Curator

May 19, 1917	Joseph B. Howland, M.D.

BOARD OF CONSULTATION

Appointed	
Mar. 25, 1912	Walter B. Cannon, M.D., *Consulting Physiologist*
Mar. 25, 1912	Otto Folin, Ph.D., *Consulting Chemist*
Jan. 13, 1916	William H. Potter, D.M.D., *Consulting Dental Surgeon*
June 13, 1918	Eugene A. Crockett, M.D., *Acting Consulting Otologist and Laryngologist*
June 13, 1918	Edwin E. Jack, M.D., *Acting Consulting Ophthalmologist*

MEDICAL DEPARTMENT

Service began	
May 1, 1912	Henry A. Christian, M.D., *Physician-in-Chief*
July 1, 1912	Channing Frothingham, M.D., *Physician*
Dec. 9, 1915	Francis W. Peabody, M.D., *Physician*
Sept. 1, 1915	I. Chandler Walker, M.D., *Associate in Medicine*
July 1, 1915	George P. Denny, M.D., *Associate in Medicine*
July 1, 1915	James P. O'Hare, M.D., *Associate in Medicine*
Nov. 1, 1917	Worth Hale, M.D., *Associate in Medicine*
Aug. 1, 1917	Howard F. West, M.D., *Resident Physician*
Feb. 1, 1918	William R. King, M.D., *Assistant Resident Physician*, resigned Oct. 24, 1918.

SURGICAL DEPARTMENT

Service began	
Sept. 1, 1912	Harvey Cushing, M.D., *Surgeon-in-Chief,* on leave May 7, 1917.
Oct. 1, 1912	David Cheever, M.D., *Surgeon — Acting Surgeon-in-Chief,* May 7, 1917.
May 1, 1912	John Homans, M.D., *Surgeon* — on leave, June 30, 1918.
Nov. 17, 1914	Henry M. Chase, M.D., *Associate in Surgery* (Boston Dispensary)
Nov. 17, 1914	Hilbert F. Day, M.D., *Associate in Surgery* (Boston Dispensary)
Mar. 1, 1915	Clifford B. Walker, M.D., *Associate in Surgery,* resigned Apr. 25, 1918.
June 19, 1916	William C. Quinby, M.D., *Associate in Urology*
Sept. 1, 1915	Conrad Jacobson, M.D., *Resident Surgeon*
Nov. 1, 1917	David W. Houston, Jr., M.D., *Assistant Resident Surgeon,* resigned Feb. 8, 1918.
Oct. 1, 1918	Patrick T. McCarthy, M.D., *Assistant Resident Surgeon,*

PATHOLOGICAL DEPARTMENT

Service began	
Dec. 1, 1916	S. Burt Wolbach, M.D., *Pathologist*
Nov. 1, 1917	Annie E. Taft, M.D., *Resident Pathologist,* resigned Jan. 31, 1918.
July 1, 1918	Franz R. Wulffaert, M.D., *Resident Pathologist*

ROENTGENOLOGIST

July 1, 1918	Elba Denton McCarty, M.D.

DENTAL SURGEON

Jan. 13, 1916	Roger B. Taft, D.M.D.

MEDICAL HOUSE OFFICERS

Service began		Service ended
June 15, 1917	Joseph Treloar Wearn, M.D.	June 15, 1918
July 1, 1917	John Hess Foster, M.D.	June 15, 1918
July 1, 1917	William Robert King, M.D.	Feb. 1, 1918
July 1, 1917	Mary Wright, M.D.	Sept. 17, 1918
July 18, 1917	Victor Clarence Jacobson, M.D.	July 1, 1918
Oct. 15, 1917	Cyrus Cressey Sturgis, M.D.	Aug. 22, 1918
Jan. 9, 1918	Frank Brown Berry, M.D.	Mar. 1, 1918
		Service will end
Feb. 12, 1918	Douglas Donald, M.D.	Mar. 1, 1919
Feb. 13, 1918	Harold Myers Marvin, M.D.	Feb. 9, 1919
Feb. 14, 1918	Judson Arthur Smith, M.D.	Jan. 30, 1919
Mar. 1, 1918	Reginald Myers Atwater, M.D.	Apr. 15, 1919
June 15, 1918	Martha May Eliot, M.D.	July 1, 1919

July 1, 1918	ROBERT DUDLEY CURTIS, M.D.	July 1, 1919
Sept. 1, 1918	ELLA OPPENHEIMER, M.D.	Sept. 1, 1919
Nov. 1, 1918	RAY MORTON BALYEAT, M.D.	Nov. 1, 1919
Nov. 1, 1918	GEORGE RUDOLPH HERMANN, M.D.	Nov. 1, 1919

SURGICAL HOUSE OFFICERS

Service began		*Service ended*
Mar. 1, 1917	HENRY ADOLPH ROBERT KREUTZMANN, M.D.	Feb. 4, 1918
May 15, 1917	ARCHIE LEIGH DEAN, JR., M.D.	Feb. 6, 1918
June 15, 1917	ERNEST TIRRILL SAEGER, M.D.	Aug. 1, 1918
June 30, 1917	RAMSAY SPILLMAN, M.D.	Mar. 1, 1918
Dec. 15, 1917	PATRICK THOMAS McCARTHY, M.D.	Oct. 1, 1918
Dec. 23, 1917	RALPH WALDO TURNER, M.D.	May 2, 1918
Jan. 10, 1918	RAYMOND CYRUS WHITNEY, M.D.	Oct. 28, 1918
		Service will end
Jan. 7, 1918	JOHN WILLIAM O'MEARA, M.D.	Jan. 7, 1919
Mar. 1, 1918	MAURICE FREMONT-SMITH, M.D.	Feb. 7, 1919
Mar. 1, 1918	WILLIAM EDWIN GABE, M.D.	Mar. 31, 1919
May 15, 1918	ERIC PERCY STONE, M.D.	May 15, 1919
June 1, 1918	STEELE FULLER STEWART, M.D.	June 1, 1919
Aug. 15, 1918	ROGER COLGATE GRAVES, M.D.	Aug. 15, 1919
Aug. 15, 1918	WILDER GRAVES PENFIELD, M.D.	Aug. 15, 1919
Nov. 15, 1918	HRANT SETRAG KEBABJIAN, M.D.	Nov. 15, 1919
Dec. 1, 1918	LEROY EDWARD PARKINS, M.D.	Dec. 1, 1919

PATHOLOGICAL HOUSE OFFICER

		Service ended
Jan. 15, 1918	FRANZ RENÊ WULFFAERT, M.D.	July 1, 1918

SCHOOL OF NURSING

Service began	*Superintendent of Nurses and Principal of the School of Nursing*
July 12, 1912	CARRIE M. HALL, R.N., on leave May 7, 1917.
	Acting Superintendent of Nurses
May 7, 1917	LEONE N. IVERS, R.N.
	Instructor in Theory
Oct. 1, 1912	SUSAN A. WATSON, R.N.
	Assistant Instructor in Theory
Nov. 1, 1918	MARGUERITE ROBB

Instructor in Practice

June 12, 1915	Emmeline K. Mills, R.N.

Supervisors

May 7, 1917	Julia A. Clark
Oct. 1, 1916	Gertrude M. Smith, R.N., resigned Jan. 11, 1918.
Nov. 1, 1917	Phoebe L. Carson, R.N.
Aug. 15, 1918	Nellie G. Sharpe, R.N.

Night Supervisor

June 17, 1917	Helen V. Downing, R.N., resigned Nov. 1, 1918.
Nov. 1, 1918	Lila M. Dalrymple, R.N., resigned Dec. 24, 1918.
Dec. 14, 1918	Anna G. McKean,R.N.

Social Service Worker

Aug. 17, 1914	Alice M. Cheney, R.N.

Dietitian

Dec. 10, 1912	E. Grace McCullough

Apothecary

Dec. 2, 1912	Harry H. Coman, on leave April 6, 1917.
April 6, 1917	Archibald P. W. Twombly (Acting), on leave Mar. 5, 1918.
Mar. 5, 1918	Lloyd E. Burnett, resigned Oct. 5, 1918.
Sept. 28, 1918	Elmer M. Marsh

Clerk

April 29, 1912	Lida E. Crawford

Housekeeper

Nov. 1, 1912	Elizabeth M. Packard

Chief Engineer

Oct. 21, 1911	John A. Aitken